

The Medical Center of Central Georgia

ADULT VOLUNTEER APPLICATION

Name _____ Date _____
(First) (Middle) (Last)

Address _____ City _____ State _____ Zip _____

Birth Month & Day _____ Home Phone _____ Work Phone _____

If presently employed, name of firm _____

Position _____ Work hours & days _____

If not employed are you currently seeking employment _____

Previous employer _____

Have you ever been convicted of a felony _____

Have you ever been employed by The Medical Center _____

If previously employed by MCCG give last month/year worked _____

Contact in case of emergency _____

(Name) (Relationship) (Home phone) (Work phone)

Are you willing to obtain a statement from your physician stating you are in good health _____
Limitations related to health _____

Personal physician _____ Phone _____

Have you volunteered for this organization before _____ If so, when _____

How did you become interested in our volunteer program _____

Day/s, time/s you are available to volunteer _____

Education _____

Volunteer Experience _____

Work Experience _____

ADULT VOLUNTEER APPLICATION FORM (CONT' D)

Personal or Professional References (PLEASE DO NOT USE RELATIVES)
Please give complete address including zip code. References will be checked before interview is scheduled. If incomplete or inaccurate information is given regarding references application will not be processed.

1. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

(Please check which you would be willing to help with)

Clerical Skills

typing _____ filing _____ phone receptionist _____ using copier _____ computer _____

record updating _____ mailings _____ alphabetizing _____

Goody cart services _____ other (specify) _____

Patient Care Services

infant/child care _____ taking baby pictures _____ other (specify) _____

Additional Skills/Comments _____

Please give any other information you feel pertinent to your application _____

The above information is accurate and correct to the best of my knowledge.

Signature _____

Your signature indicates your approval for us to check references. The organization is not obligated to provide a placement, nor are you obligated to accept the position offered.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

A criminal background check will be conducted before you can begin volunteering.

Return completed application to: MCGG Auxiliary MSC 59
Medical Center of Central GA
777 Hemlock Street
Macon, GA 31201-2102