

Availability: (please circle days and times you are available to work)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.	A.M.	A.M.	A.M.	A.M.	A.M.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.
EVE	EVE	EVE	EVE	EVE	EVE	EVE

Have you ever committed, been convicted of, pled guilty to, or pled nolo contendere to, a felony or a misdemeanor?

____ NO ____ YES If Yes, please explain: _____

References:

Please list the names and telephone numbers of one professional reference (employers or co-workers) and one personal reference (not a relative) that we may contact.

(Professional) Name _____ Phone _____

(Personal) Name _____ Phone _____

Authorization:

I hereby allow the Auxiliary to United Hospital Center to perform a check of my background & references. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration.

I hereby also give my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for volunteer work and other information they deem appropriate.

I further certify that all my answers and statements are true and complete and understand that falsification of information on this application is reason to exclude me from consideration.

Date: _____

Signature of Applicant: _____

Opportunities for Volunteers are provided without regard to Religion, Creed, Race, National Origin, Age, Sex or Disability.

NOTES:

- Filing an application does not assure placement since the number of applicants usually exceeds the number of available openings. Applicants will be chosen by the Auxiliary Coordinator on the basis of personal traits and qualifications in keeping with the best interest of the Hospital.
- All applications will be held for ninety (90) days.