

UNION HOSPITAL
106 BOW STREET
ELKTON, MD 21921

410-392-7019
302-731-0743

APPLICATION – VOLUNTEER SERVICE

PLEASE PRINT

PERSONAL INFORMATION

DATE: _____

Last

First

NAME: _____

Street

City

State

Zip

ADDRESS: _____

TELEPHONE: _____ EMAIL _____

In case of emergency notify: _____

EDUCATION

Name of School

Years Attended

Major Subjects

HIGH SCHOOL _____

COLLEGE _____

OTHER _____

EXPERIENCE

Work Experience _____

Have you ever applied and interviewed for a position at Union Hospital or Triangle Health Alliance?

Yes ____ No ____ If Yes, when _____

Volunteer Experience _____

Special Skills or Talents _____

Availability (days of week and hours) _____

REFERENCES

Name

Address

Telephone

Name

Address

Telephone

SIGNATURE _____

Signature of parent or guardian if under 18 years of age _____

Have you ever been convicted of or charged with a felony or misdemeanor Yes ____ No ____

If yes, please explain _____

Background Check Completed ____ (Y or N)

Orientation

TB

MMR