

Research Belton Hospital
Volunteer Application
17065 S. 71 Highway
Belton, Missouri 64012
Volunteer Services (816) 348-1201

Today's Date _____ E-mail Address _____
Name _____ Spouse Name _____
Address _____
City _____ State _____ Zip _____ Day Phone _____
Home Phone _____ Social Security # _____ Date of Birth _____
License Plate # _____ State _____ Driver's License # _____

Emergency
Contact _____ Relationship _____
Address _____ Phone Number _____

High School Attended _____ Year Graduated _____
College _____ Degree _____ Year Graduated _____

Previous Work
Experience _____

Previous Volunteer
Experience _____

References (IMPORTANT: List at least 3 references from a business, school, clergy or other volunteer experience. Do not use physicians or relatives.)

Name _____ **Business/Org.** _____ **Phone** _____
Address _____ **Relationship** _____
Name _____ **Business/Org.** _____ **Phone** _____
Address _____ **Relationship** _____
Name _____ **Business/Org.** _____ **Phone** _____
Address _____ **Relationship** _____

Day(s) available: Mon. Tue. Wed. Thur. Fri. Sat. Sun.

Time available: _____ Would you be interested in other volunteer service at the hospital? Yes No

Have you ever been convicted of a crime other than a parking ticket? ___Yes ___No If yes, Date ___ Place _____

Type of conviction _____ Type of sentence received _____

Conviction will not necessarily disqualify individuals from volunteer services.

I affirm that the information provided on this application is true and complete. I understand that before I begin my volunteer service, I will be interviewed, consent to a reference check (Background History Record Information), attend orientation, and provide proof of TB skin testing or I will receive necessary required testing prior to beginning my volunteer service. I understand that this application does not guarantee a volunteer placement at Reseach Belton Hospital and that if accepted, I will not receive payment for my service.

SIGNATURE _____ **DATE** _____