



ADULT VOLUNTEER APPLICATION

DATE DONE: _____
 Orientation _____
 R.E. _____
 Assigned area _____
 Referred by _____

<p>Please Print</p> <p>Application Date _____</p> <p>Full Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State/Zip _____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>Email address _____</p> <p>Date of Birth _____</p> <p>S.S.# _____</p> <p>Spouse _____</p> <p>Emergency Contact _____</p> <p>Relationship _____</p> <p>Phone _____</p> <p>Two Personal References (no relatives, please)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I'm available to work:</p> <p>Circle day(s): Sun M T W Th F Sat</p> <p>Hours Available: _____</p> <p>Location preference: West East Neosho</p> <hr/> <p>Areas of interest</p> <p>_____ Information Desk</p> <p>_____ Pathfinder</p> <p>_____ Floorwalker (Delivery)</p> <p>_____ Surgery Check-In Desk</p> <p>_____ Surgery Check-In Ambassador</p> <p>_____ Gift Gallery</p> <p>_____ Pet Therapy</p> <p>_____ NICU- Cuddler Program</p> <p>_____ Heart & Vascular Institute</p> <p>_____ Cancer Institute</p> <p>_____ ICU Desk</p> <p>_____ Health Essentials</p> <p>_____ Women's Center</p>
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I agree to the following commitments if my volunteer application is accepted:

To serve on a regular basis, to uphold policies and procedures of Freeman Health System, to maintain absolute confidentiality and not discuss **any** verbal/written patient and corporate information obtained, to not discuss **any** medical care or religious beliefs with a patient (Social Services and chaplains are available for these services), and to be a positive Freeman community representative.

Signed _____ **Date** _____

Please return application to: Volunteer Program Manager
 Freeman Health System
 1102 West 32nd Street, Joplin, MO 64804

If you have questions, please call 417.347.4603