



**ADULT VOLUNTEER APPLICATION**

DATE DONE:  
Orientation \_\_\_\_\_  
R.E. \_\_\_\_\_  
Assigned area \_\_\_\_\_  
Referred by \_\_\_\_\_

***Please print***

Application date \_\_\_\_\_  
Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
S.S.# \_\_\_\_\_  
Spouse \_\_\_\_\_  
Emergency contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Two personal references (no relatives, please)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I'm available to work:**

Circle day(s): Sun M T W Th F Sat  
Hours available \_\_\_\_\_  
Location preference: West East Neosho

**Areas of interest**

- \_\_\_\_\_ Information desk
- \_\_\_\_\_ Pathfinder
- \_\_\_\_\_ Floor walker, Delivery
- \_\_\_\_\_ Women's Pavilion-Pink Door
- \_\_\_\_\_ Surgery Check-In desk
- \_\_\_\_\_ Surgery Check-In Ambassador
- \_\_\_\_\_ Gift Gallery
- \_\_\_\_\_ Pet Therapy
- \_\_\_\_\_ NICU- Cuddle Program
- \_\_\_\_\_ Heart & Vascular Institute
- \_\_\_\_\_ Cancer Institute
- \_\_\_\_\_ ICU desk
- \_\_\_\_\_ Health Essentials

**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