

WhidbeyHealth Medical Center

APPLICATION FOR VOLUNTEER SERVICE

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell or Work Phone: _____

Email Address: _____

Date of Birth: _____ S.S. Number: _____

Highest Level of Education Completed: High School 1 2 3 4 College 1 2 3 4

Current Work Experience:

Previous Work Experience:

Special Skills: _____

Special Areas of Interest: _____

Previous or Present Volunteer Experience/Name and Description of Duties:

Referred By: Friend__ Staff__ Volunteer__ Website__ Media__ Self__

Bilingual? If so, please list languages you speak:

Preferred Volunteer Position:

Clinic__ Front Desk__ Gift Shop__ Clerical__ Patient Companion__

Special Events/Tour de Whidbey__ Music Program__ Undecided__

Availability for Volunteer Work:

Weekly__Bi-Weekly__Once per month__

Sunday__Monday__Tues.___Wed.___Thurs.___Friday__Saturday__

Mornings__Afternoons__Evenings__

Emergency Contact: _____

Address: _____

Phone: _____

Healthcare Provider: _____

Address: _____

Phone: _____

References

Name: _____

Address _____

Phone: _____ Relationship to You: _____

Name: _____

Address _____

Phone: _____ Relationship to You: _____

Return application form by email to:

WhidbeyHealth Medical Center
Heather Zustiak, Volunteer Coordinator
zustih@whidbeyhealth.org
101 N. Main St.
Coupeville, WA 98239-0400
(360) 678-7656 Ext. 4246



WhidbeyHealth ONLY Begin Service: _____ End Service: _____

PPD _____ BGC _____ Dept. _____ Orientation Training _____