



**Edgerton
HOSPITAL**
AND HEALTH SERVICES
Volunteer Application Form

The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Please fill this form out as completely as possible.

Thank you for your interest in our organization.

First Name: _____

Last Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone: _____ **Cell:** _____

Email: _____

Emergency Contact: _____

Phone: _____ **Cell:** _____

Please indicate days available: Mon Tues Wed Thur Fri

Time(s) available: From _____ to _____

How many times per week would you like to volunteer? _____

Are you interested in volunteering for special projects or events? _____

| | |
|---|----------|
| <i>List volunteer opportunities that are of interest to you</i> | |
| 1. _____ | 2. _____ |
| 3. _____ | |

Comments: _____

Background check and Health Screening Required