

## CIVISTA HEALTH AUXILIARY, INC. P.O. BOX 1070 5 GARRETT AVENUE LA PLATA, MARYLAND 20646-1070

REFERRED BY: \_\_\_\_\_\_
HOW DID YOU LEARN ABOUT US?\_\_\_\_\_

**Volunteer Coordinator's Office 301-609-5001** 

## **VOLUNTEER APPLICATION**

PERSONAL DATA (MUST BE	E 18 YEARS OR OLDER)					
MRMSMRSMISS						
NAME: LAST	FIRST	MIDDLE				
I LIKE TO BE CALLED						
ADDRESS: STREET		STATE ZIP CODE				
TELEPHONE #		E#				
BIRTHDAY: (Month/ Day/Year)	E-MAIL ADDRESS_	E-MAIL ADDRESS				
PERSON TO CONTACT IN CASE OF ILLNES	SS OR EMERGENCY:					
	PHONE #	CELL#				
RESOURCES I HAVE ACCESS TO THAT I M	MAY BE ABLE TO SHARE:_					
HAVE YOU EVER BEEN CONVICTED OF A						
MINOR TRAFFIC VIOLATION? YES IF YES, PLEASE EXPLAIN:						
	E WODWO					
WHAT IS YOUR OCCUPATION? HOURS OF	F WORK?					
CAN YOU PERFORM FUNCTIONS OF A VO YES NO IF NO, EX						

AUX001(02/11)

<b>SERVICE</b>	PREFEREN	<u>CE</u>														
PLEASE CHOOSE AT LEAST 3.		RANK YOUR PREFERENCES (1 <sup>ST</sup> , 2 <sup>ND</sup> , 3 <sup>RD</sup> )														
Administrative Support		Emergency Dept		Newspaper Services												
Anywhere needed  Baby Photos  Birthing Center		Gift Shop Greeter/Escort Information Desk		Physical Therapy/												
								Coffee/Juice Cart					Same Day Surgery			
								DAY(S) A	ND TIME(S)	YOU ARE A	VAILABLE					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY									
Morning																
Afternoon																
Evening																
NA (1) (2)	E (3) REFERE ME		ARE <u>NOT RELATIV</u> ADDRESS	VES OR EMPLO	YER:	TELEPHO	ONE#									
comply withe Hospit	th the require al with the pu	ements and roublic, and hou of time for w	with Civista Hea egulations of the l nor confidential in hich I am schedu and that this is a	Hospital. I will nformation. I a led and to prov	l maintain t agree to acc vide adequa	he dignity and ept responsibil te notice when	integrity of ity to I am									
SIGNATURE						DA	DATE									