



Team Grady Volunteer Application

Personal Information:

Full Name: _____
First Name Middle Initial Last Name (Maiden)

Birth Date: ____/____/____ Social Security #: ____-____-____

Mailing Address: _____

City State ZIP Code

Home Phone: _____ Work Phone: (____) ____-____ Ext. _____

E-mail Address: _____

Education:

	School	City/State	Major	Years/Degree
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Experience:

Volunteer Experience: _____

Special training, skills, hobbies, interests (fluent languages, typing, crafts, etc.) _____

Service:

Area of Service: _____

Day(s): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours: Mornings Afternoons Evenings Nights

References:

You must provide two references that are not related to you. Complete reference information is necessary to process your application. You will be contacted for an interview ONLY when responses are received.

1. Full Name: _____
First Name Middle Initial Last Name

Mailing Address: _____

City State ZIP Code

Phone: (____) ____-____ Fax: (____) ____-____

E-mail Address: _____
2. Full Name: _____
First Name Middle Initial Last Name

Mailing Address: _____

City State ZIP Code

Phone: (____) ____-____ Fax: (____) ____-____

E-mail Address: _____

Emergency Contact:

Name: _____
Address: _____

City State ZIP Code
Home Phone: _____ Work Phone: () - Ext. _____

Employer Information:

Name: _____
Title/Occupation: _____
Address: _____

City State ZIP Code
Phone: () - _____

Miscellaneous:

- 1. Have you ever applied for employment with Grady Health System? Yes No
If Yes, give approximate dates and positions applied for:

- 2. Have you ever been employed by Grady Health System? Yes No
If Yes, give the dates and name under which you were employed:

- 3. List the names of any relatives employed by Grady Health System:

- 4. Have you ever been arrested and/or convicted of any crime?
 Yes No
If Yes, please explain:

(I understand that if I have been arrested and/or convicted of a crime, I am not automatically disqualified from consideration for volunteer service but, that giving false or incomplete information is sufficient cause to disqualify me from volunteer service.)

Additional Comments:

I hereby certify that all answers given by me on this application are true to the best of my knowledge.

I authorize the Grady Health System to write or telephone my references whom I have listed on this application for the purpose of acquiring reference information from them and I release the Grady Health System and anyone releasing this information to the Grady Health System from any liability based on such release. I understand that volunteer positions are assigned as determined by the Health System, based on availability of an appropriate assignment. Should I become a volunteer and the Health System finds that I am not suited to the assignment or my performance is otherwise unsatisfactory, my volunteer assignment may be terminated without further explanation. I also agree to the rules and regulations that govern the Grady Health System volunteers.

Signature: Date: