

Meadow Brook

Antrim County
Medical Care Facility

VOLUNTEER APPLICATION

NAME AND ADDRESS		
Last Name Initial	First	Middle
Current Address		
City/State /Zip Code		
PHONE NUMBERS		E-MAIL ADDRESS
Home	Work	
SOCIAL SECURITY NUMBER NUMBER		DRIVER'S LICENSE
EMERGENCY CONTACT INFORMATION		
Name Relationship	Phone Number	
CURRENT STATUS		
<input type="radio"/> Middle/High School Student	Grade Level _____	
<input type="radio"/> College/University Student	Grade Level _____	
<input type="radio"/> Practicum/Internship	Institution _____ Course	
<input type="radio"/> Community Resident		
REFERRAL SOURCE		
<input type="radio"/> Newspaper _____	<input type="radio"/>	
<input type="radio"/> Friend _____		
<input type="radio"/> Other _____	<input type="radio"/> Teacher/Counselor	
<input type="radio"/> Self Inquiry		
PREVIOUS VOLUNTEER EXPERIENCE		
Organization	Role in Organization	
PROFESSIONAL/CIVIC MEMBERSHIPS		
Organization	Role in Organization	
1)		
2)		
CURRENT EMPLOYMENT		
Employer	City/State	
Phone		

May we contact you at work regarding your volunteer activities? Yes No

Over

SPECIAL SKILLS/INTERESTS

Language(s) – including sign languages

Office/Clerical/Computer

Entertainment

Other work experiences

Other interests/hobbies

WHY DO YOU WANT TO VOLUNTEER AT MEADOW BROOK?

REFERENCES – List 2 people outside your family

Name	Relationship	Phone
Number		

Name	Relationship	Phone
Number		

Do you have any medical history or physical condition that may limit your ability to do the job of which we should be aware? No Yes – explain briefly

Have you ever been employed at Meadow Brook? If yes, when and in what capacity?

Have you ever been convicted of a crime including misdemeanors other than a minor traffic offense?

If yes, please give details & current status.

Are there any felony charges outstanding? If yes, give date, place, charge and current status.

Are you volunteering to satisfy a court required community service? If yes, list your probation officer's name and phone number.

I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by Meadow Brook Volunteer Services. Misrepresentation of facts constitutes cause for denial of application and/or dismissal from volunteering at Meadow Brook.

Signature

Date