



VOLUNTEER SERVICES

Mid-Columbia Medical Center
Volunteer Services
1700 East 19th Street
The Dalles, OR 97058
541.296.7288
AnneC@mcmc.net

Volunteer Application

Date: _____

Adult program Student program

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Home

Cell

Work

Email: _____ Birthdate: _____

Education/Experience

Currently employed? If yes, present occupation and employer:

Please list any special skills, talents or interests:

Current student? If yes, where: _____ Do you speak more than one language? If yes, please list:
 Full time Part time

Education/Special training/Certifications:

Have you volunteered before? If yes, where and position experience:

References (not a family member)

Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____

Emergency Contact

Name	Phone	Relationship
_____	_____	_____

Volunteer Preferences

What would your dream volunteer position look like?

Do you know what area you'd like to volunteer in? If yes, where:

Do you prefer: Patient contact Non-patient contact Clerical Gift Shop
 Unknown

Why do you want to volunteer at MCMC?

Commitment and Signature

I hereby agree to abide by MCMC's policies, rules and regulations, and to uphold patient confidentiality as I fulfill my role as a volunteer. I understand and confirm my willingness and availability to meet the six month commitment requirement for my volunteer service. I certify that the above information is true, correct and complete.

Applicant Signature:

Print: _____

Sign: _____

For applicants under 18 years of age:

I understand my child has made a commitment of six months to the Volunteer Services Department of Mid-Columbia Medical Center. I understand that my child must have two TB tests completed within 30 days of starting to volunteer as indicated on the "Volunteer Check Sheet." In the event I cannot be reached, I give permission for necessary emergency treatment to be given to my child in case of illness or injury.

Parent/Legal Guardian Signature:

Print: _____

Name	Primary Phone #	Secondary contact #
_____	_____	_____

Sign: _____

Relationship