



Auxiliary Volunteer Application

Name _____ Telephone () _____

Address _____ City _____ Zip _____

Birthdate ____/____/____ Email Address: _____

In case of emergency, contact _____ Relationship _____

Home phone () _____ Alternate () _____

IF UNDER 18 YEARS OLD

Birthdate ____/____/____ School _____ Graduation Year _____

Parent/Guardian Name(s) _____ Daytime Phone _____
_____ Daytime Phone _____

What will be your transportation to and from the hospital? _____

What are your career plans? _____

Why do you want to become a WHC Junior Volunteer? _____

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Work/Volunteer Experience _____

Education/ Special Training/ Licenses _____

Foreign Language Skills _____ Hobbies _____

Have you ever been convicted of a crime? _____ If yes, please explain (when, where, and reason) _

.....
What appeals to you about volunteering at Woodland Healthcare? _____

Are there any activities or conditions that you must avoid? (If yes, please explain) _____

Please complete other side

Times available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Personal References:

Name	Address	Phone#	Relationship

Signature

Date

Mail completed application to:

Woodland Healthcare Auxiliary
Attn: Volunteer Application Processor
1325 Cottonwood Street
Woodland, CA 95695

OFFICIAL USE ONLY			
Application	Accepted _____	Background Screening	Date _____
		TB Test Complete	Date _____
		Health Screening	Date _____
		Orientation	Date _____
		\$10.00 dues/\$15 Uniform Fee	Date _____