



# Application for Volunteer Service

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_ Birthdate \_\_\_\_\_

In case of accident or injury, please notify \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

### Previous Work Experience

1) As a volunteer \_\_\_\_\_

\_\_\_\_\_

2) Other \_\_\_\_\_

\_\_\_\_\_

Education or Special Training \_\_\_\_\_

Speak a Foreign Language \_\_\_\_\_

Hobbies, Skills, Special Interests \_\_\_\_\_

\_\_\_\_\_

Community Affiliations \_\_\_\_\_

Volunteer Position Preferred \_\_\_\_\_

Specify Hospital or Extended Care \_\_\_\_\_

Anticipated Length of Service (Months, Years, Indefinite) \_\_\_\_\_

Hours Preferred \_\_\_\_\_ Number of Days Each Month \_\_\_\_\_

Please List Preferred Days \_\_\_\_\_

Two References \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sidney Health Center Volunteer Office – Phone: (406) 488-2116 or (406) 488-2122  
Sidney Health Center Extended Care (Activities) – Phone: (406) 488-2338  
216 14<sup>th</sup> Avenue SW – Sidney, Montana 59270