

Volunteer Application

Date:

ABOUT YOU

Name:			
Address:	City:	State:	Zip:
Phone:	Email:		

Best way to reach you (circle one):	Call me!	Text me!	Email me!
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DAYS, TIMES, AND OPPORTUNITIES

When are you available to volunteer? Please check all boxes that apply:	What volunteer opportunities interest you? Please check all boxes that apply:	\checkmark
Monday AM Monday PM Tuesday AM Tuesday PM Wednesday AM Wednesday PM Thursday AM Thursday PM	Working in the Caring Hearts Gift ShopWorking at the Information DeskSpending Time with Village Manor ResidentsMHS Card and Craft CommitteesHelp with Fundraising EventsServing on the Volunteer BoardWork with Youth VolunteersHelp at Impact Sports & Fitness	
Friday AM Friday PM		

BACKGROUND DATA

Have you ever been convicted of a criminal offense, other than minor traffic offenses?	Yes	<u> </u>
lf "Yes", please explain:		

Is there any type of service which your health or physic	cal condition prohibits	s – or have	you ever been advised by	a physician
NOT to perform certain types of work or recreation?	Yes	No		

If "Yes", please explain:

INTERESTS AND SKILLS

What hobbies do you enjoy?

Tell us about your job and/or personal skills:

Why do you want to be a volunteer for Memorial Health System?

Questions? Call Jenny Stuck, Manager, Volunteer Services at (785)263-6692 or email istuck@mhsks.org. Please return this completed form to Att: Jenny Stuck 511 NE 10th Abilene, KS 67410. THANK YOU!