



For office use only: ID Badge _____ HIPAA _____ Corporate Compliance _____ Jacket _____ SS # _____

VOLUNTEER APPLICATION

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

E-Mail Address _____

Education (circle highest completed) High School: 1 2 3 4 College: 1 2 3 4 Graduate: 1 2 3 4

If you are currently a student, where are you enrolled? _____

Have you previously volunteered at Weiss? ____ Yes ____ No If yes, dates: ____/____/____ to ____/____/____

What days and times are you able to volunteer? _____

Do you speak a language other than English? If, so, which language? _____

Emergency Contact _____

Name	Relationship	Telephone #

Volunteer Experience

Name of Agency	Dates	Duties

Work Experience

Name of Employer	Dates	Title/Duties

Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? Yes ____ No ____

If yes, please explain: _____

Please list two references, including their mailing addresses and telephone numbers:

- _____
- _____

Signature _____ Date ____/____/____

Parent/Guardian Signature (if under 18) _____ Date ____/____/____

Please return this application to:
Volunteer Coordinator
Weiss Memorial Hospital
4646 N. Marine Drive
Chicago, IL 60640
Phone: 773-564-5223; Fax: 773-564-5226