



Application for Volunteer Services

PLEASE PRINT

Date _____

Mr. Mrs. Miss _____
(Last Name) (First) (Middle)

Birthday _____ Age Group (20-29) (30-39) (40-49) (50-59) (60-69) (70+)
Month & Day

Address _____ City _____ State _____ ZIP _____

Phone _____ E-mail address: _____

Social Security Number _____ Driver's License _____

Place of employment _____ Address _____

City _____ State _____ ZIP _____ Phone _____

Position _____ Are You Retired Y N Referred by _____

EMERGENCY CONTACT

Name _____ Phone _____

Relationship _____ 2nd Phone _____

HEALTH Personal Physician _____ Phone _____

Physical or Emotional Limitations _____

TRAINING AND EXPERIENCE

Business or Professional _____

Volunteer _____

TIME(S) AVAILABLE (indicate time and day) AM _____ PM _____ Evening _____

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

I certify the information given by me in this application is correct and that any misstatement is grounds for dismissal from the ETMC Volunteer Program. I understand that in order to be selected for volunteer service, I authorize ETMC to perform a routine background check, TB skin test and drug screen/ urinalysis. I further understand the results of these checks and tests must satisfy the standards set by ETMC before I can begin a volunteer role.

Signature: _____ Print name: _____

RETURN TO:

ETMC Volunteer Manager • PO Box 6400 Tyler, Texas 75711