

# CRISP REGIONAL HOSPITAL AUXILIARY

## Adult Volunteer Application

**SUBMIT COMPLETED APPLICATION TO:**

Community Relations  
Attention: Laura B. Stephens  
902 7th Street North  
Cordele, GA 31015  
email: [lstephens@crispregonal.org](mailto:lstephens@crispregonal.org)

NAME

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Initial

ADDRESS

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

PHONE

\_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

\_\_\_\_\_

Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Relationship

Previous Volunteer or Civic Experience \_\_\_\_\_

Active Church or Club Involvement \_\_\_\_\_

REFERENCES: 1. \_\_\_\_\_

Phone \_\_\_\_\_

(required)

2. \_\_\_\_\_

Phone \_\_\_\_\_

3. \_\_\_\_\_

Phone \_\_\_\_\_

Presently employed with / retired from: \_\_\_\_\_

Hobbies, special skills or interests: \_\_\_\_\_

Limitations on physical activities: \_\_\_\_\_

Assignment Preferences:

\_\_\_\_\_ (Day/1<sup>st</sup> choice)

\_\_\_\_\_ 8 a.m. – 1 p.m. / morning hours

\_\_\_\_\_ (Day/2<sup>nd</sup> choice)

\_\_\_\_\_ 1 p.m. – 5 p.m. / afternoon hours

\_\_\_\_\_ (Day/3<sup>rd</sup> choice)

I am interested in: \_\_\_\_\_ General Duties

\_\_\_\_\_ Office Help

\_\_\_\_\_ Gift Shop