



CRISP REGIONAL HOSPITAL AUXILIARY
Adult Volunteer Application

SUBMIT COMPLETED APPLICATION TO:

Patient Experience
Attention: *Lisa Veas*
902 7th Street North, Cordele, GA 31015
email: lvees@crispregional.org
fax: 229-276-3275

NAME _____
Last Name First Name Initial

ADDRESS _____
Street City State Zip

PHONE _____ **Date of Birth:** mm/dd _____

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/1st choice)
_____ 8 a.m. – 1 p.m. / morning hours _____ (Day/2nd choice)
_____ 1 p.m. – 5 p.m. / afternoon hours _____ (Day/3rd choice)

I am interested in: _____ **General Duties** _____ **Office Help** _____ **Gift Shop**