



Humboldt County Memorial Hospital  
**Volunteer/Shadow Application**

Contact Information:

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_ Valid driver's license #: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Previous work or volunteer experience:

_____	_____
_____	_____
_____	_____
_____	_____

Highest education level reached: \_\_\_\_\_ Language/s spoken: \_\_\_\_\_

Physical limitation: \_\_\_\_\_

Other organizations where applicant has volunteered: \_\_\_\_\_

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Certifications: (such as First Aid and CPR with dates of certification) include expiration dates:

_____	_____
_____	_____
_____	_____

References: One or more personal references with contact information; and one or more professional or work-related references with supervisor's name and contact information:

_____	_____
_____	_____
_____	_____

Preferred volunteer areas:

- Genevieve's Place (Gift & Coffee Shop)                       Welcome Desk/Atrium Transport  
 Shadowing

Reason for volunteering/shadowing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Hours and days available for **volunteering/shadowing**:

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The Humboldt County Memorial Hospital provides equal employment opportunity to all persons without regard to race, color, religion, disability, sex, gender identity, sexual orientation, age or national origin, and promotes the full realization of this policy through a positive, continuing program of affirmative action. HCMH is committed to equal opportunity for all applicants and employees in personnel matters, work assignments, training, transfer, advancement and other conditions and privileges of employment, and works to assure a continuation of this policy of equal employment opportunity.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_