

Volunteer Services at Summit Medical Center
Volunteer Application

5655 Frist Boulevard
Hermitage, TN 37076
Phone Contact: 615.316.3130

Full Name _____
(last) (first) (middle initial)

Soc. Sec. # _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Education (circle high 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? _____

Community Affiliations

Source of referral

Have you previously volunteered at Summit Medical Center? ___ Yes ___ No

If yes, dates: ___/___ to ___/___
mo. yr. mo. yr.

Times you have available to volunteer:

_____ S M T W T H F S _____ Availability to start: ___/___
(hours/wk) (circle days) (morning) (afternoon) (evening) mo. yr.

Emergency Contact:

_____ (name) (relationship) (home #) (other #)

VOLUNTEER EXPERIENCE

Name of Agency (current first)	Dates	Title / Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WORK EXPERIENCE

Name of Employer (current first)	Dates	Title / Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

1. Describe any previous experiences that have influenced your decision to volunteer at Summit Medical Center? What do you expect to gain from your volunteer work?

2. Please list the volunteer position(s) you are interested in at Summit Medical Center.

3. Describe your special skills, talents, and/or interests that may be relevant to volunteering at Summit Medical Center.

4. Please describe other commitments you currently have (i.e. community, school, etc.).

5. If you could create the perfect volunteer opportunity for yourself, what would you be doing?

6. What would you like for us to know about you that we haven't asked?
