

**NORTH BAY GENERAL HOSPITAL  
VOLUNTEER RESOURCES  
APPLICATION FOR VOLUNTEER SERVICE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone # : Home: \_\_\_\_\_ Business: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**CONTACT FOR ILLNESS OR EMERGENCY:**

Name: \_\_\_\_\_ Telephone # : \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Telephone # : \_\_\_\_\_

**EDUCATIONAL ACHIEVEMENTS / SKILLS / HOBBIES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LANGUAGE(S):** \_\_\_\_\_

**HEALTH RESTRICTIONS / LIMITATIONS:** \_\_\_\_\_

**VOLUNTEER OR COMMUNITY EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DAYS / TIMES AVAILABLE / PREFERRED:** \_\_\_\_\_

\_\_\_\_\_

Please list the names of two individuals, one personal and one business or community, whom we will contact as references for you. To allow these individuals the opportunity to adequately complete the questionnaire, these people must have known you for a minimum of one year within the last two years.

REFERENCES:	Business	Personal
Name: _____	_____	_____

<b>— Address:</b>
<b>— Telephone #</b>
<b>Signature of Applicant:</b> _____ <b>Date:</b> _____

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**NORTH BAY GENERAL HOSPITAL**  
**VOLUNTEER RESOURCES**  
**RELEASE OF INFORMATION AUTHORIZATION**

I authorize all previous employers to furnish the North Bay General Hospital my previous employment records, reasons for leaving and other information they may have concerning me, and I hereby release the employer that will divulge this information from any claim or liability for any damage whatsoever which I could or might claim because of such disclosure. I also authorize investigation of all statements made in this application.

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Signature of Applicant

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Date

**Would a former employer know you under another name?**

**If YES, What?**

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