



334-293-8967 | www.jackson.org

Jackson Hospital Volunteer Application

Send completed applications by fax:
334-293-8909

or mail:
Attn: Volunteer Services
Jackson Hospital
1725 Pine St, Montgomery, AL 36106

Application Date _____

Personal Information: Mr. Mrs. Ms. Rev. Dr. Sex: Male Female

Last name: _____ First: _____ Middle: _____

Social Security Number: _____ Date of birth: Month _____ Day _____ Year _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Fax: _____ Email: _____

Current Work Experience: Volunteer Paid

Business or Organization: _____ Phone: _____

Address: _____ City: _____ State: _____

Work performed or title: _____

Educational Background:

High School College Graduate School Vocational Other: _____

Major(s): _____

Drivers License:

Do you have a valid Alabama Driver's License? Yes No

Driver's License number: _____

Do you have transportation? Yes No

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____

Motivation:

What or who encouraged you to become a volunteer: _____

Have you volunteered before: Yes No

If yes, for what organization(s): _____

Availability for Work: (please check all that apply)

Days of the week I am available to volunteer are:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times available: AM PM

References: (at least one person not related to you) References will be checked.

Name: _____ Name: _____

Address: _____ Address: _____

Daytime Phone: _____ Daytime Phone: _____

Ethnicity: (Optional)

African American American Indian/Native Alaskan Asian/Pacific Islander

Caucasian Hispanic Other _____

I understand and agree to the fact that this agreement is for participation with Jackson Hospital as a volunteer and that I will not be compensated for this work now or in the future. I have given the above information voluntarily, and I certify that all statements are true and correct. I understand that it will be used and disclosed for Jackson Hospital purposes or to any party with legal and proper interest, and I release Jackson Hospital from any liability whatsoever for supplying such information. I agree to abide by the Volunteer Personnel Policies and Procedures of Jackson Hospital.

Signature: _____ Date: _____

For Office Use Only

Application Received: _____ Volunteer Start Date: _____

Volunteer Orientation: _____ Volunteer Assignment: _____