



MEDICAL CENTER LEAGUE HOUSE

7000 W. Amarillo Blvd., Amarillo, Texas 79106 Phone: 806-358-3759 Fax: 806-353-354

Volunteer Application

Name _____

Address _____

City _____ Zip _____

Date of Birth _____ e-mail address _____

Emergency contact: Name _____ Relationship _____

Phones _____

Are you a student? If so, name of school, grade level _____

Home Phone () _____ - _____

Business Phone () _____ - _____

Cell Phone () _____ - _____

Areas of Interest

Check the areas that interest you (would be willing to do)

- | | |
|---|--|
| <input type="checkbox"/> Front desk/receptionist/guest check-in | <input type="checkbox"/> Correspondence-hand written |
| <input type="checkbox"/> Yard work (weeding, flower bed care, etc.) | <input type="checkbox"/> Scrapbook updating |
| <input type="checkbox"/> Light housekeeping (vacuuming, dusting) | Other _____ |

I would like to volunteer _____ times per/(circle) week month or as needed

Which days and times are best for you to volunteer? _____

Volunteers must be able to sit, stand, bend, and lift up to 15 pounds without assistance. Do you have any disabilities that would prevent these activities? _____

Personal References (no relatives, please)

- | | <u>Name</u> | <u>Address/Zip</u> | <u>Phone</u> |
|----|-------------|--------------------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

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Office use:
Start date

Stop date

I hereby submit my application for a volunteer position with the Medical Center League House and I agree to abide by the policies of the MCLH. I understand that a background check will be required.

Signature _____ Date _____