



**VOLUNTEER INFORMATION**

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Best way to contact:  home phone  cell phone  email

**In case of emergency notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

References \_\_\_\_\_  
*Name Address Phone No.*

References \_\_\_\_\_  
*Name Address Phone No.*

Car Insurance Company (if applicable) \_\_\_\_\_

Policy # (if applicable) \_\_\_\_\_

How did you learn about Gray Gourmet? \_\_\_\_\_

Day(s) you are available \_\_\_\_\_

Can you substitute on another day if needed: Yes  No

**Area of interest in volunteering or Skills (check all that apply):**

- Home Delivery Driver  Dining Site  Office  Entertainment
- Blood Pressure Clinic (CNA/RN)  Other \_\_\_\_\_

**Hobbies/Interests/Knowledge**

\_\_\_\_\_

Do you speak a foreign language? Yes No If yes, which language(s) \_\_\_\_\_

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**I have received a copy of and have signed:**

- St. Mary's Hospital & Medical Center, Authorization Release Form
- St. Mary's Hospital, Standards of Business Conduct
- St. Mary's Hospital & Medical Center, Dress and Grooming Notice

Signed by: \_\_\_\_\_ Date \_\_\_\_\_