



VOLUNTEER APPLICATION

995 9th Avenue SW · Bessemer, AL 35022
205.481.8502

THANK YOU for your interest in volunteering at Medical West. We greatly appreciate your desire to donate your time to our organization! Please complete the following information in order to be considered for our program. We will be contacting you soon!

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE

HOME PHONE: _____ CELL: _____

EMAIL: _____ DATE OF BIRTH: ____/____/____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____

SPECIAL SKILLS

Please Check All That Apply.

- Foreign Language _____
- Windows
- MS Word
- MS Excel
- Previous RN/LPN Experience Or Training
- Other _____

RESTRICTIONS

Please list any restrictions you have (limited walking ability, ect) _____

BACKGROUND

Have you ever been convicted of a crime (felony or misdemeanor, including DUI)?

YES NO

If yes, please explain _____