



Volunteer Application

Contact Information

Name	
Address	
City, State Zip Code	
Phone	
Email Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Are there certain days you prefer? _____
- Weekday afternoons
- Weekday evenings

Interests

Tell us in which areas you are interested in volunteering and why.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer/Work Experience

Have you ever volunteered for ORMC? YES NO If yes, list dates: _____

Summarize your previous volunteer experience.

Have you ever worked for ORMC in any capacity? YES NO

If yes, list dates of employment and positions held.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with ORMC. We will review your application and based on placement availability and will contact you for an interview.

Please complete this application and return it to:

Oconee Regional Medical Center
Volunteer Services Office
PO Box 690
821 North Cobb Street
Milledgeville, GA 31061

Phone Number: 478-454-3709

Email: shenry@ormcinc.org