



Volunteer Application Form

Name: _____ Gender: ___ DOB: _____

Home Phone #: _____ Cell Phone #: _____ Email: _____

Home Address: _____ City: _____ State: ___ Zip: _____

Do you have a current SC driver's license? __Yes __No

Are you professionally licensed in SC? __Yes __No Type: _____ Active or Volunteer (circle one)

Highest Level of Education: _____ Degree(s): _____

Employment Status: __FT __PT __Retired __Self-employed __Not working at present

Name of Employer: _____ Business Phone #: _____

Business Address: _____ City: _____ State: ___ Zip: _____

Social/Community/Other Activities (Clubs/Rotary/other Volunteering)?: _____

Faith Affiliation (Church attended/member): _____

When are you available to volunteer? M___AM/PM T___AM/PM W___AM/PM TH___AM/PM

What type of volunteer work do you prefer? _____

Have you ever worked in a healthcare setting? __yes __no If yes, where? _____

References (at least one professional if you are a licensed healthcare practitioner):

#1 Name: _____ Phone _____ Email _____

Address: _____

#2 Name: _____ Phone _____ Email _____

Address: _____

Type of COVID-19 Vaccine _____ Date(s) Rc'd 1st _____ 2nd _____ Booster _____

Please bring vaccine card to be copied for our files

Emergency contact:

Name: _____ Phone: _____ Relationship: _____

Health care provider in case of emergency: _____

Signature: _____ Date: _____



Name: _____

1. Please list your major previous work experiences (paid and/or volunteer):
2. What appeals to you about volunteering?
3. What is your greatest strength?
4. What is your greatest weakness?
5. Do you prefer working with others or on your own? Please explain.
6. Please describe any special training, skills, or interests you have that may enhance your volunteer service.
7. What interests you about volunteering in a health care setting rather than with a different type of community agency?
8. Do you have any physical concerns that might keep you from performing volunteer tasks? ____ If yes, please tell us how we could best accommodate your needs:

Please return this form to Sharon McElveen at the GNMC 974 Ribaut Road, Beaufort, SC 29902 or via email manager@gnfmcbbeaufort.org. Thank you!