



Volunteer Application

Please Print

Date: _____

Name: _____ Age: _____

Phone: _____ Social Security # _____

E-mail: _____ Date of Birth: _____

Mailing Address:

I am applying as a Clinical Staff Volunteer Masters Intern Clerical Staff Volunteer
 Other: _____

Emergency Contact – Name: _____ Phone: _____
Relation to Volunteer: _____

List Any Health Concerns/Conditions:

(Please attach any additional information and/or medical instructions, including preferred hospital.)

Professional Liability Insurance Carrier: _____

Level & Area of Education Completed: _____

School Affiliation: _____

Place of Employment & Position: _____

How did you hear about HUGS?

How do you prefer to be contacted for volunteer work opportunities?

Phone Text Email

List your availability for volunteering (days, times, hours per week).

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