

Care Regional Medical Center

1711 West Wheeler Ave.

Aransas Pass, TX 78336

Volunteer Services Desk (361)758-8585 Ext. 414

Adult Volunteer Application

This application is for anyone over 18 years of age

Please provide us with as much information as possible.

We "try" to place you in the volunteer opportunity that best suits your interest.

We encourage you to get involved with leadership roles, and fundraising projects to support our community and to provide a cheerful and helpful attitude to our patients, visitors and hospital staff.

Today's date _____

Please Print

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ ZipCode: _____

Home Phone: _____

Do you work? _____ If so, where? _____ Full time _____ Part time _____

Community Affiliations: _____

Do you speak any foreign languages? _____ If so, which? _____

Volunteer experience: _____

When are you most available to volunteer, please circle one: Mornings or Afternoons

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I'd love to volunteer because:

Please list Personal References

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

**Leave completed form at the Auxiliary desk or you may place in the suggestion box after hours*