

Pacific Health Ministry

VOLUNTEER APPLICATION FORM

DATE _____

NAME _____

ADDRESS _____

PHONE #'s _____ (Home) _____ (Office) _____ (Cell)

EMAIL _____

MEDICAL INSURANCE _____

EDUCATION (GED, Diploma, Degree/s- Please list all, including majors)

RELIGIOUS AFFILIATION _____

PROFESSIONAL CERTIFICATIONS (Licensure, CNA / CPR certification, ordination, etc.)
(Please attach documentation of all certifications, licenses and/or education history)

SKILLS AND INTEREST AREAS _____

AREA APPLYING FOR _____

REFERENCES (Please list at least two religious, professional or personal references that we may contact)

ADDITIONAL COMMENTS _____

Volunteer Background Check:

A social security, address and criminal background check is necessary for all volunteers to protect the well-being of all the patients and families PHM serves and is a requirement by law. Please provide us with the following information in order to complete the application process.

Social Security # _____ Date of Birth: _____

(By signing, you give permission to Pacific Health Ministry to complete required reference and back ground checks.)

Signature of Volunteer Date