



**Providence St. Joseph Medical
Center Volunteer Services**
6 13th Ave East
Polson, MT 59860
406-883-8933

Volunteer Application

Name _____
 Last First Middle Name
 Address _____
 Street City State Zip
 Phone _____
 Mobile Home E-mail

Photo Identification Verification (to be completed by Volunteer Services staff only)
 Document Title: _____ Number: _____ Expiration Date: _____
 I attest that I have examined the document presented by the above-named applicant. The above-listed
 document appears to be genuine and to relate to the applicant named.
 Signature: _____ Date: _____

Please describe special skills, education, experience, interests, and hobbies.

Why are you interested in becoming a volunteer with Providence St. Joseph Medical Center?

Are you a student? _____ School & year _____ Major _____

Please circle preferred hours: S M T W Th F Sa Morning Afternoon Evening

Are you interested in a specific service or hospital department? _____

Please name two references.

Name	Position	Phone

Name	Position	Phone

In case of emergency, please notify:

Last Name	First Name	Mobile Phone	Home Phone

I authorize St. Joseph Medical Center to initiate a required background check, it will be necessary to provide my social security number.

Signature _____ Date _____