

Volunteer Services  
Menorah Medical Center  
5721 West 119th Street  
Overland Park, KS 66209



MENORAH  
MEDICAL CENTER

## Volunteer Services Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Street) \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code) Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Who referred you to us? \_\_\_\_\_  
(Month) (Day) (Year) <sup>referred</sup>

Education (Circle last year completed) High School: Freshman Sophomore Junior Senior  
College: Freshman Sophomore Junior Senior Other: \_\_\_\_\_

Are you presently a student? Yes  No  Name of School: \_\_\_\_\_

Are you presently employed? Yes  No  If yes, hours per week: \_\_\_\_\_

Employers Name and Address: \_\_\_\_\_

Previous Work Experience: \_\_\_\_\_

Previous or present volunteer jobs: \_\_\_\_\_

What kind of volunteer jobs are you interested in? \_\_\_\_\_

Time you have available for volunteer work: Days \_\_\_\_\_ Hours \_\_\_\_\_  
(Morning) (Evening)

In case of emergency, who should be notified? \_\_\_\_\_  
(Name) (Relationship) (Phone)

Signature \_\_\_\_\_ Date \_\_\_\_\_