



## GEORGIA VOLUNTEER HEALTH CARE PROGRAM VOLUNTEER ENROLLMENT APPLICATION

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

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Work Telephone / Home Telephone / Cell Phone

\_\_\_\_\_  
Email Address Emergency Contact Name Telephone Number

**List any special considerations or needs:** \_\_\_\_\_

**List two personal references not related to you whom you have known for more than one year:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE ZIP

\_\_\_\_\_  
CITY/STATE ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
PHONE

**List your most recent Volunteer and employment experience for the past ten years:**

Employer	Supervisor	Address	Telephone

Length of Employment	Reasons for Leaving	Brief Job Description

**Specify the days and time frames you are available to Volunteer:**

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

**Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge or jury in any state or federal court?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If answer is yes, please explain (including types of offenses and dates):

\_\_\_\_\_  
July 1, 2008

