

NAME

LAST

FIRST

MIDDLE

Heartwarming

Helpful

Fun

Enjoyable

Satisfying

Friends of Coffey Health System



Volunteer Application

Coffey County Hospital

Coffey County Emergency Medical Service

The Meadows Retirement & Assisted Living

Coffey County Medical Center

Gridley Medical Clinic

Waverly Medical Clinic

Yates Center Medical Clinic

Thank you!

Thank you for your interest in becoming a
Friends of Coffey Health System volunteer!

Your willingness to share of your time and talents
will make a difference in the lives of our patients,
residents, visitors, and staff.

Please Print

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____

Email _____

In emergency, notify: Name _____
Address _____
Phone/Cell Phone _____

Presently Employed _____ Yes _____ No Title _____

Company _____

Previous Work Experience

Job _____ Job _____

Employer _____ Employer _____

Special training/skills _____

Hobbies/Interests _____

Previous Volunteer Experience _____

List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, religion, color, sex, national origin or ancestry.) _____

Reason for Volunteering _____

Areas/Departments you would like to help _____

Shifts you are available to volunteer

☐ Weekday 9 a.m. – 12:30 p.m.

☐ Weekday 12:30 p.m. – 4 p.m.

Please complete back side.

Is there any reason why you would be unable to safely perform any of the duties of the positions for which you volunteer with or without accommodations? _____ Yes _____ No

If yes, please explain _____

References

Name _____

Address _____

Phone/Cell Phone _____

Name _____

Address _____

Phone/Cell Phone _____

Signature

Date