



Friends of Coffey Health System

NAME \_\_\_\_\_  
LAST \_\_\_\_\_  
FIRST \_\_\_\_\_  
MIDDLE \_\_\_\_\_

# 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

**CHS**

# 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