

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
Name Phone

Age (please check one): 18 or over \_\_\_\_\_ Under age 18 \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Skills, Language(s), Hobbies, Special Interests \_\_\_\_\_

Community Affiliations/Clubs, Etc. \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Personal Physician \_\_\_\_\_

Character Reference (Personal): \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Character Reference (Professional): \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever pled guilty to or been convicted of a criminal offense (other than minor traffic violations?)  
Yes \_\_\_ No \_\_\_ (If "yes," please explain.)

Reason(s) for wanting to volunteer at OSF St. Francis Hospital \_\_\_\_\_

**PLEASE RETURN TO:**  
**OSF Auxiliary Chairperson**  
**1029 N. 20th St.**  
**Escanaba, MI 49829**

Please add an additional sheet for any of the above answers if necessary.