



Mail to:
SRMC Volunteer Services Dept.
P. O. Box 1558
Gallatin, TN 37066
615-328-5517

Sumner Regional Medical Center Volunteer Application

Date _____

Name (Please Print) _____ / _____ / _____ SS# _____
LAST FIRST MIDDLE

Current Address _____ / _____ / _____ / _____ / _____
STREET APT. # CITY COUNTY STATE ZIP CODE

Primary Phone # _____ Alternate Phone # _____

E-Mail Address _____

Birth Date _____

Previous Volunteer Experience			
Agency _____	CITY _____	STATE _____	ZIP CODE _____
Type of volunteer service: Please describe duties.			

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: ELEMENTARY 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5 6			
NAME & ADDRESS OF SCHOOL	Major Course of Study	Degree/Diploma Received	Name on Diploma
COLLEGE/UNIV			
COLLEGE/UNIV			
HIGH SCHOOL			
OTHER (Specify)			

EMPLOYMENT HISTORY

1. Name of Employer	Telephone () - Ext.
Address City/State/Zip County	Employed (month/year) Hr. per week ____ From: To:
Supervisors Name and Title:	:
Job Titles and Duties:	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Other Explain:
2. Name of Employer	Telephone () - Ext.
Address City/State/Zip County	Employed (month/year) Hr. per week ____ From: To:
Supervisors Name and Title:	:
Job Titles and Duties:	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Other Explain:

Signature _____ Date _____

SKILLS CHECKLIST

Please specify any special interests, talents or abilities that you feel could enhance a patient's/families' stay at SRMC.

1. My reason for wanting to volunteer at the hospital is
2. I found out about volunteering from
3. I chose Sumner Regional Medical Center for my volunteer service because
4. My preferences of areas/duties for volunteer
5. I prefer not to volunteer in the following areas