

# ACMC Volunteer Enrollment Form

Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Have you volunteered at ACMC in the past:  Yes  No If yes, in which areas did you volunteer? \_\_\_\_\_

Are you a former employee of ACMC?  Yes  No

Have you received the COVID 19 vaccine?  Yes  No  I prefer not to answer

Do you have a specific volunteer area of interest?

Endoscopy Waiting

Foundation Events

Gift Shop

Pastoral Care

Registration

Surgical Waiting

Please identify and describe any relevant skills or work experience (e.g., computer skills, health care experience).

\_\_\_\_\_  
\_\_\_\_\_

On average, how many hours a week are you available to volunteer? \_\_\_\_\_

Are there days or times you prefer? \_\_\_\_\_

Please describe any potential breaks in your volunteer commitment (vacations, other times you will be unavailable):

\_\_\_\_\_

What is your earliest date of availability? \_\_\_\_\_

Please tell us why you want to be an ACMC Volunteer. \_\_\_\_\_

\_\_\_\_\_

**Thank you!**