



Volunteer Application

**Providence St. Patrick Hospital
Volunteer Services**
500 W. Broadway
Missoula, MT 59802
406/329-5801

Name _____
 Last First Middle Name
Address _____
 Street City State Zip
Phone _____
 Mobile Home E-mail

Photo Identification Verification (to be completed by Volunteer Services staff only)

Document Title: _____ Number: _____ Expiration Date: _____

I attest that I have examined the document presented by the above-named applicant. The above-listed document appears to be genuine and to relate to the applicant named.

Signature: _____ Date: _____

Please describe special skills, education, experience, interests, and hobbies.

Why are you interested in becoming a volunteer with Providence St. Patrick Hospital?

Are you a student? _____ School & year _____ Major _____

Please circle preferred days and hours: M T W Th F Morning Afternoon
(Our volunteer openings are currently limited to weekdays and mornings or afternoons. We will update this form as weekend and evening shifts become available.)

Are you interested in a specific service or hospital department? _____

Please name two references.

Name _____ Position _____ Phone _____

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In case of emergency, please notify:

Last Name First Name Mobile Phone Home Phone

I authorize St. Patrick Hospital to initiate a required background check, it will be necessary to provide your social security number

Signature _____ Date _____