

volunteer student nurse intern application

DATE: _____

NAME: _____

(Please print)

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ LAST FOUR DIGITS OF SOCIAL SECURITY #: _____

HOSPITAL EXPERIENCE (As patient, employee or volunteer): _____

ANY SPECIAL SKILLS? (Foreign language, computer, etc.) _____

HAVE YOU BEEN EMPLOYED BY THIS HOSPITAL? IF YES, PLEASE PROVIDE DATES OF EMPLOYMENT AND JOB TITLE:

DO YOU HAVE RELATIVES OR FRIENDS AT THE HOSPITAL IN ANY CAPACITY? IF YES, PLEASE EXPLAIN:

DAYS/TIMES AVAILABLE FOR INTERVIEW: _____

REFERENCES: 1) _____

NAME

ADDRESS

PHONE

2) _____

NAME

ADDRESS

PHONE

NAME AND PHONE NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP _____

PHONE: HOME: _____ WORK: _____ CELL: _____

I GIVE MY CONSENT FOR A DRUG SCREENING AND CRIMINAL BACKGROUND CHECK.

SIGNATURE: _____ DATE: _____

(OFFICE USE ONLY)

DATE OF INTERVIEW: _____ POSSIBLE PLACEMENT: _____