



Wickenburg Community Hospital

Wickenburg Community Hospital

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(928) 684-4366

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VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

Phone: _____ Cell: _____ E-Mail _____

Date of Birth: _____

Emergency Contact: _____

Contact Relationship: _____ Phone: _____

Please write a brief statement telling us a little bit about you. Include any current or former employment you may feel is relevant or interesting.

Volunteer positions are very important to Wickenburg Community Hospital and should be taken seriously. Assignments come with set days and times which need to be adhered to in order for this program to operate at its full potential.

PLEASE CHECK YOUR AVAILIABLE DAYS AND TIMES:

Available Days: () Monday () Tuesday () Wednesday () Thursday () Friday

Available Times: () Morning () Afternoon

I am a seasonal resident _____ I decline the Flu Shot _____

Please list 2 References with complete addresses and telephone numbers:

NAME		
ADDRESS		
PHONE #		