



Date: _____

Name: _____ Phone Number: _____

Birthday: _____

Email Address: _____

Address: _____ City/State/Zip: _____

Are you 18 years of age or older? _____

Emergency Contact Information in Case of Illness or Emergency:

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Previous Work Experience:

Volunteerism (Name/Location): _____

Other (Please Describe): _____

Area of Interest or Education: _____

Scheduling Preferences

Lobby Desk	AM Shift 8am-12pm	PM Shift 12pm-4pm
Breast Imaging	AM Shift 8am-12pm	PM Shift 12pm-4pm
Surgery Waiting	AM Shift 7am or 8am-12pm	PM Shift 11am or 12pm -3pm

Earlier am start times available in Surgery Waiting if you are interested.

Please check preferred shifts:

- Mon AM
 Tue AM
 Wed AM
 Thur AM
 Fri AM
 Mon PM
 Tue PM
 Wed PM
 Thur PM
 Fri PM

Please note any days you are not available: _____

Is there a specific workstation you would prefer if available: _____

Volunteer workstations: Front Lobby Desk, Breast Imaging Center, Surgery Waiting

After completion of application, you will be required to pass a background screening and drug test provided to you through our HR department. We also ask that you bring in your Covid vaccination record.

Please email application to Teresa.sander@salinememorial.org or bring in. If you have any questions call Teresa Sander at 501-776-6702.