

**Rebekah Rehab & Extended Care Center**  
**Volunteer Application**  
(Please Print Plainly)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_ (Street) (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Telephone: (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) (Number)

Are You a U.S. Citizen? Yes [ ] No [ ] If not, what is your alien registration

No.

Department Volunteering For:

Would You Work Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (Specify days & hours, if part time)

Were you previously employed by us? Yes [ ] No [ ] If yes, When?

Reason for leaving

List any friends or relatives working for us

(Name) (Relationship)

(Name) (Relationship)

If your application is considered favorably, on what date will you be available for volunteer?  
\_\_\_\_\_ 20\_\_\_\_\_. .

Person to be notified in case of accident or emergency

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(Phone Number)

PERSONAL REFERENCES

Give Name, Address and Phone of Three References Not Related to you:

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, DISABILITY OR HANDICAP. THIS IS NOT A CONTRACT FOR EMPLOYMENT AT WILL.

ELEMENTARY HIGH COLLEGE UNIVERSITY \*GRADUATE PROFESSIONAL

SCHOOL NAME

YEARS COMPLETED (CIRCLE)

4 5 6 7 8

9 10 11 12

1 2 3 4

1 2 3 4

DIPLOMA / DEGREE

DESCRIBE COURSE  
STUDY:

DESCRIBED  
SPECIALIZED  
TRAINING,  
APPRENTICESHIP,  
SKILLS, AND  
EXTRA-CURRICULAR  
ACTIVITIES.

\*If graduate degree, please include resume

Former Employers

List your work experience below - starting with your present or last employment:

<u>DATE EMPLOYED</u>	<u>NAME &amp; ADDRESS OF EMPLOYER</u>	<u>POSITION HELD</u>
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From \_\_\_\_\_

To \_\_\_\_\_

Reason for leaving

<u>DATE EMPLOYED</u>	<u>NAME &amp; ADDRESS OF EMPLOYER</u>	<u>POSITION HELD</u>
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From \_\_\_\_\_

To \_\_\_\_\_

Reason for leaving

ALL THE FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE OF APPLICANT

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Date: -----