

**APPLICATION FOR VOLUNTEER  
NEA BAPTIST MEMORIAL HOSPITAL  
JONESBORO, ARKANSAS  
870.936.1065**

*DATE:*

NAME:		
PHONE NUMBER:		

*STREET ADDRESS*

*CITY, STATE, ZIP CODE*

MAILING ADDRESS:

BIRTHDAY:

*MM/DD/YYYY*

If Married, Name of Spouse:

*Contact Person in case of emergency or illness on duty:*

NAME:

RELATIONSHIP:

PHONE:

*PREVIOUS VOLUNTEER*

Name & Location:

What is your purpose for volunteering?

Describe any special skills you would like to use in your volunteer work:

List names of friends or relatives who volunteer or are employed at the hospital:

SCHEDULING PREFERENCES:

*Please Circle Preferred Days:*

Monday

*Tuesday*

*Wednesday*

Thursday

*Friday*

Preferred Time to Work:

*AM:*

*PM:*

What Hours?

Are there certain days that you are not available?

REFERENCES:

Name:

Phone:

Name:

Phone:

Please return completed application to:

NEA Baptist Memorial Hospital

Attn: Auxiliary President

4800 E. Johnson Ave.

Jonesboro, AR 72405

Or Drop off at the NEA Baptist Gift Shop located in the lobby of the hospital.

Applications can also be e-mailed to: [neabaptistgiftshop@gmail.com](mailto:neabaptistgiftshop@gmail.com)

Looking forward to having you join us!