



Volunteer Application

Missouri Highlands Health Care is an equal opportunity organization. We do not discriminate based on race, color, religion, age, sex, national origin, disability, veteran status, or any other status protected by law.

Applicant Information

Full Name: _____ Date: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Have you previously volunteered or worked with Missouri Highlands Health Care?

Yes No

If yes, please list dates and department:

Have you ever been convicted of or pled guilty to a felony or misdemeanor offense (excluding minor traffic violations)? Yes No

If yes, please explain (a conviction does not automatically disqualify you from volunteering):

For more information, please contact HR department: HR@mohigh.org

Applicant Statement and Authorization

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that providing false or incomplete information may result in disqualification from volunteer consideration or dismissal if accepted.

I authorize Missouri Highlands Health Care to conduct appropriate background checks and verify the information provided on this application as part of the volunteer screening process. I release Missouri Highlands Health Care and all persons providing such information from liability arising from the release or use of this information.

I understand that acceptance as a volunteer may be contingent upon background screening, health clearance, and orientation requirements.

Applicant Name (printed): _____

Signature: _____ **Date:** _____

Thank you for your interest in volunteering with Missouri Highlands Health Care. Your time and service help us create a welcoming and supportive environment for our patients, visitors, and staff.

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