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## **Volunteer Application**

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Phone: Cell Home Work

Email Address: \_\_\_\_\_

Contact Preference: Phone Email Both

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Is English your first language? YES NO If no, what is? \_\_\_\_\_

Do you speak any other languages fluently? YES NO

If so, which ones? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone: Cell Home Work

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**Education**

College/University Name: \_\_\_\_\_

Degree: \_\_\_\_\_ Major Program: \_\_\_\_\_

Minor(s): \_\_\_\_\_ Year: FR SO JR SR GR

Course Title: \_\_\_\_\_ CRN: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Instructor Phone: \_\_\_\_\_

Instructor Email: \_\_\_\_\_

What assignments or requirements are expected for this service learning experience? Please describe:

\_\_\_\_\_  
\_\_\_\_\_

**Related Work / Volunteer Experience**

Employer/Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Please describe duties:

\_\_\_\_\_  
\_\_\_\_\_

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**Volunteer Experience:**

What experience do you have working with persons with mental illness?

Much Experience      Some Experience      Little Experience      No Experience

Please identify any specific skills or duties you would like to experience while volunteering:

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What kind of volunteer experience are you interested in:      Direct Engagement      Indirect Projects

Mark which projects are you interested in assisting with:

<input type="checkbox"/>	Art Therapy	<input type="checkbox"/>	Creating a Mural	<input type="checkbox"/>	Music Therapy
<input type="checkbox"/>	Assisting with Special Events	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Organizing Donations
<input type="checkbox"/>	Book Mobile	<input type="checkbox"/>	Health & Fitness	<input type="checkbox"/>	Bringing a Therapy Pet
<input type="checkbox"/>	Chaplaincy/Spiritual Wellness	<input type="checkbox"/>	Hosting a Donations Drive	<input type="checkbox"/>	Theatre/Performance
<input type="checkbox"/>	Clerical Work	<input type="checkbox"/>	Mayor's Motorcade Prep	<input type="checkbox"/>	Working with Patients
<input type="checkbox"/>	Clubhouse Programming	<input type="checkbox"/>	Media Closet	<input type="checkbox"/>	Other:

How did you hear about volunteer opportunities at GRHS?

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

Length of Service:      Daily      Weekly      Monthly      Quarterly/Seasonally      Annually

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Please identify below the days and hours in which you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend

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