



RMC VOLUNTEER CUDDLER PROGRAM APPLICATION

Date _____

Please Print

Volunteer Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Email _____ Date of Birth ____/____/____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Additional Phone () _____

VOLUNTEER AVAILABILITY & EDUCATION/EMPLOYMENT HISTORY

Are you available to volunteer a minimum of one 4 hour shift per week? () Yes () No

Are there limits to the months you may be available, if so please list the months you ARE available: _____

Days of the week you are available to volunteer: () Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday

Do you have a High School Diploma? () Yes () No Are you currently enrolled in college? () Yes () No

Are you currently employed elsewhere? () Yes () No If so, where _____

PREVIOUS EMPLOYMENT

1. Location _____ Job Title _____
2. Location _____ Job Title _____
3. Location _____ Job Title _____

REFERENCES

1. Name _____ Phone () _____ Relationship _____
2. Name _____ Phone () _____ Relationship _____
3. Name _____ Phone () _____ Relationship _____

*NOTE: Prior to acceptance into the program, all candidates agree to a background check, drug screen, TB test, CPR certified, and to maintain required competencies.

Applicant Signature: _____

Please return application to RMC Lactation Center
or fax to 256.741.6341