

MUWC

VOLUNTEER APPLICATION- ID REQUEST

PLEASE PRINT

Last Name: _____ First Name: _____ MI _____

Date of Birth _____ SSN _____

Local Address: _____ APT # _____

City/State _____ Zip _____ E-mail _____

Phone: Home _____ Work _____ Cell _____

Permanent Address (if different from above):

Emergency Contact:

_____ Relationship _____

Phone: Home _____ Work _____ Cell _____

PLEASE INDICATE WHERE YOU ARE INTERESTED IN VOLUNTEERING
(YOU MAY CHOOSE MORE THAN ONE)

- MUSC Medical Center**
- MUSC Ashley River Tower (ART)**
- MUSC Children's Hospital**
- MUSC Hollings Cancer Center**
- MUSC Women's Club activities only**

Return to:

Katy Kuder
MUSC Volunteer and Guest Services
P.O. Box 250900
Charleston, SC 29425

or Fax to Katy Kuder at 792-9739

Rev 01.28.08