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 or Fax to Katy Kuder at 792-9739
MUSC Volunteer and Guest Services
P.O. Box 250900
Charleston, SC 29425

Rev 01.28.08