



Volunteer Application

Please print

Name _____ Home phone _____

Address _____ Work phone _____

City _____ State _____ Zip _____

What do you hope to gain from volunteering? _____

Please describe any past volunteer experience: _____

Are you able to commit four hours each week? Yes No If not, how long? _____

What days are you available? Any Sun. Mon. Tues. Wed. Thur. Fri. Sat. a.m. p.m.

If interested in a specific area of the Hospital, please list: _____

Do you prefer patient interaction? Yes No

Do you require any accommodations to perform as a volunteer? Yes No

If yes, please describe _____

Please rate yourself on a scale of 1-10, with 10 being the highest, in the following areas:

- | | | |
|----------------------|----------------------|---|
| ____ Leadership | ____ Likes people | ____ Willingness to try new ideas |
| ____ Self-discipline | ____ Problem-solving | ____ Ability to accept constructive criticism |
| ____ Sense of humor | ____ Honesty | ____ Ability to accept directions |
| ____ Punctuality | | |

Would you like to join the Auxiliary? Yes No Possibly Not at this time

Please list two non-family references known at least two years:

Name _____ Phone _____

Relationship _____ Years acquainted _____

Name _____ Phone _____

Relationship _____ Years acquainted _____

Emergency contact Name _____ Home Phone _____

Relationship _____ Work Phone _____

Agreement

I agree to follow the Hospital policies and safety guidelines outlined in the volunteer handbook. I agree to represent the Hospital in a professional, conscientious and confidential manner. I agree to return the uniform loaned to me when I complete my service.

Signature _____ Date _____

FOR OFFICE USE ONLY Interview date ___/___/___

- | | | |
|--|---|--|
| <input type="checkbox"/> Orientation ___/___/___ | <input type="checkbox"/> Uniform purchased | <input type="checkbox"/> Photo ID badge |
| <input type="checkbox"/> Pin number confirmed | <input type="checkbox"/> Auxiliary member | <input type="checkbox"/> Assignment provided |
| <input type="checkbox"/> Confidentiality form signed | <input type="checkbox"/> Volunteer chair notified | |