

FOR OFFICE USE ONLY

Applicant Letter Sent _____
 Reference Check _____
 Interview Conducted _____
 Follow-Up Letter Sent _____
 Attended Orientation _____
 Given Job Description _____
 Given Volunteer Pin _____
 Auxiliary Welcome Ltr _____
 Smock/Name Badge _____
 Added To Volunteer List _____
 Added to Phone List _____
 Added To & Sent Calendar _____
 FYI Sheet Sent _____

VOLUNTEER SERVICES
APPLICATION

Full Name: _____ SSN _____

Address: _____ City: _____ State: ___ Zip: _____

Telephone: _____ Date of Birth: _____

Occupation: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____ City: _____ State: ___ Zip: _____

Telephone: _____

PLEASE LIST ANY PREVIOUS WORK AS A VOLUNTEER:

(OPTIONAL) PLEASE LIST ANY COMMUNITY AFFILIATIONS (IE, CLUBS, CHURCH, OR OTHER ORGANIZATIONS):

PLEASE PROVIDE TWO CHARACTER REFERENCES (NOT RELATIVES):

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

ARE THERE MEDICAL OR OTHER LIMITATIONS WHICH WOULD AFFECT THE TYPE OF VOLUNTEER WORK YOU COULD PERFORM? Yes _____ No _____

If yes, explain: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes _____ No _____

A conviction will not necessarily disqualify you from consideration for volunteer services. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness. If yes, what was the felony _____
and when did it occur _____

AREA(S) YOU MAY BE INTERESTED IN VOLUNTEERING: (PLEASE CHECK ALL THAT APPLY):

- _____ Courier (Delivery of flowers to patients)
- _____ Newspaper (Deliver local paper to patient rooms and areas in the hospital)
- _____ Radiology (Assist patients in the Radiology Department)
- _____ Pharmacy (Deliver pharmacy items to the floors)
- _____ Surgical Waiting (Make coffee and serve as hostess to families of patients having surgery)
- _____ Office Assistance (Make copies, typing, filing, etc.)
- _____ Front Lobby (Greet and direct visitors and look up patient room numbers on computer)--Evenings and weekends.
- _____ Escorts (Serve to assist patients with their admission and dismissals. In addition, they transport items such as x-ray film, lab tests, medical records, etc. from one department to another)

PLEDGE FOR VOLUNTEERS

BELIEVING that the hospital has a real need of my services as a volunteer:

- I will be punctual and conscientious in the fulfillment of my duties and accept supervision from staff members graciously.
- I will conduct myself with dignity, courtesy and consideration.
- I will consider as CONFIDENTIAL all information which I may hear directly or indirectly concerning a patient, physician, volunteer or hospital staff member, and will not seek information in regard to a patient or their family.
- I will take any problems, suggestions, criticisms or concerns to the Community Relations Coordinator who serves as liaison for Volunteer Services.
- I will endeavor to make my volunteer work of the highest quality.
- I will commit to at least 40 volunteer hours to receive credit for any hours worked.
- I will uphold the traditions and standards of Pekin Hospital and interpret them to the community at large.

REMEMBER...

*What you see here, What you hear here, While you volunteer here,
Let it stay here, When you leave here.*

I agree to abide by the above provisions and understand that any violation may be grounds for dismissal from the program. I also agree that by signing this form I am allowing Pekin Hospital to check my references and check with my previous volunteer supervisor.

Signature of Volunteer: _____ Date: _____

PLEASE RETURN APPLICATION TO:
Volunteer Services Department
Pekin Hospital
600 S. 13th Street
Pekin, IL 61554