

FOR OFFICE USE ONLY

Applicant Letter Sent _____
 Reference Check _____
 Interview Conducted _____
 Follow-Up Letter Sent _____
 Attended Orientation _____
 Consent Form _____
 Preference Form _____
 Assignment Letter Sent _____
 Polo/Nametag _____
 Added to Labels _____
 Added to Schedule _____
 FYI Sheet Sent _____
 Evaluation Date Marked _____

VOLUNTEER SERVICES

TEEN VOLUNTEER APPLICATION

Full Name: _____ Telephone Number: _____

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

Date of Birth: _____ Social Security #: _____

Grade in School: _____

Father's Name: _____ Mother's Name: _____

Person to be contacted in case of emergency (preferably your parent). If this person is working, give the telephone where they can be reached.

Name: _____ Telephone Number: _____

Address: _____ Relationship: _____

Where employed: _____ Teens Doctor's Name: _____

Hobbies, Skills, Special Interests: _____

Community Affiliations (club, church, etc.): _____

Please Provide Two Adult Character References (NOT RELATIVES):

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone #: _____

Phone #: _____

Reasons You Are Interested in Becoming a Volunteer: _____

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 _____

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.

Signature of Volunteer: _____ Date: _____

PLEASE RETURN APPLICATION TO:

**Pekin Hospital
Robert Hancock
Volunteer Services Department
600 S. 13th Street
Pekin, IL 61554**