



UnityPoint Health
Grinnell Regional Medical Center

Volunteer Application

210 4th Avenue Grinnell, IA 50112 • 641-236-2043 (phone)
641-236-4048 (fax) • ckenkel@grmc.us (email)

Contact Information

Name (First, Middle, Last):		Preferred Name:	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	Spouse Name:	
Street Address:			
City, State, Zip Code:			
Home Phone:		Cell Phone:	
E-Mail Address:			
I prefer to be contacted by: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-mail			

Availability

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Number of hours available:	
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Number of hours available:	
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Number of hours available:	
<input type="checkbox"/> Weekend mornings	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Number of hours available:	
<input type="checkbox"/> Weekend afternoons	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Number of hours available:	
<input type="checkbox"/> Weekend evenings	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su	Number of hours available:	

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Gift Shop Cashier (must be comfortable with money and computers, and provide excellent customer service)
<input type="checkbox"/> Breakfast Cashier (must be comfortable with money and provide excellent customer service)
<input type="checkbox"/> Surgery Waiting Liaison (must be able to sit for up to four hours, walk some, answer phone, organized, welcoming smile, and provide excellent customer service)
<input type="checkbox"/> Information Desk Representative (must be able to walk long distances, warm welcoming smile and provide excellent customer service) Willing to valet park Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License #:
<input type="checkbox"/> In-house Mail Delivery (must be able to walk long distances and stand for up to 1.5 hours)
<input type="checkbox"/> Clinic Courier Driver (must have a valid driver's license, successfully complete Job Placement Assessment test and be able to sit for up to four hours) Valid Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License #:
<input type="checkbox"/> Pet Therapy (must complete all requirements for certification)
<input type="checkbox"/> Pediatric Orientation (must be able to walk long distances, stand for up to two hours and enjoy children)
<input type="checkbox"/> GRMC Auxiliary Board and activities
<input type="checkbox"/> Other:

Tell us what skills you are interested in developing as a volunteer.

Computer Cash Register Customer Services Food Services Clerical Other:

Tell us in which areas you are NOT interested in as a volunteer.

Computer Cash Register Customer Services Food Services Clerical Other:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports you would like to do as a volunteer.

Employment/Education (if applicable)

I am currently: Employed Fulltime Employed Parttime Self Employed Unemployed Retired
High School Student College Student

Employer Name:

City, State, Zip Code:

Education:

High School Student

College Name

Master Bachelor Associate

Person to Notify in Case of Emergency

Name (First, Middle, Last):

Street Address:

City, State, Zip Code:

Phone:

Relationship:

Agreement and Signature

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state, or is there a charge which is still pending? No Yes, please explain

I certify that the statements made in this volunteer application are true and complete. I understand that if I am accepted as a volunteer, I must successfully complete a background check and that this information may be disclosed to any party with legal and proper interest, and I release the agency for any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

Name (printed): _____

Signature: _____

Date: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.