

PLACEMENT: _____

Orientation Date _____
Health Screen Completed _____
Name Tag _____
Uniform _____
Background Check _____

APPLICATION FOR VOLUNTEER SERVICES

NAME: _____ TODAY'S DATE _____

ADDRESS: _____ BIRTHDATE _____

PHONE: (HOME) ^{Street} _____ (CELL) ^{City} _____ EMAIL ADDRESS: ^{Zip} _____

PRESENT STATUS: STUDENT _____ RETIRED _____ EMPLOYED _____

EMPLOYER: _____ ADDRESS _____ PHONE: _____

DUTIES _____

EDUCATION/TRAINING: Grades 8 9 10 11 12 College 1 2 3 4 (Please circle highest level attended)
Name of School/College/University _____ Major _____

Graduate, Post Grad, Vocational, or other special training or Degrees _____

EXPERIENCE:

Volunteer Work Experience _____

Past Work Experience _____

VOLUNTEER WORK OBJECTIVES: (Why do you want to volunteer at Meriter Hospital?)

TIME COMMITMENT/AVAILABILITY:

Approximately how long do you think you'll be with us? (3 months? Indefinitely, etc.?) _____

Preferred day and time to volunteer _____

WORK AREAS OF INTEREST: 1) _____ 2) _____ 3) _____ 4) _____

REFERENCES: (Other than immediate family members)

1) _____
NAME PHONE NUMBER RELATIONSHIP

2) _____
NAME PHONE NUMBER RELATIONSHIP

IN CASE OF EMERGENCY, NOTIFY _____
NAME PHONE NUMBER RELATIONSHIP

ANY PHYSICAL LIMITATIONS? IF YES, PLEASE INDICATE: _____
(MERITER VOLUNTEER SERVICES NEEDS TO ASSESS SKILL LEVEL AND ABILITY OF ALL VOLUNTEERS TO ENSURE APPROPRIATE VOLUNTEER PLACEMENT)

HOW DID YOU HEAR ABOUT MERITER? _____

ARE YOU VOLUNTEERING TO FULFILL A SCHOOL/CLASS REQUIREMENT OR NATIONAL HONOR SOCIETY REQUIREMENT? IF YES, WHAT IS THE REQUIREMENT? _____

ARE YOU BEING REFERRED TO DO COMMUNITY SERVICE OR RESTITUTION? IF SO, WHAT AGENCY? _____

NAME, TITLE, AND PHONE NUMBER OF THE PERSON WHO HAS REFERRED YOU

Have you ever been convicted of any law violation other than minor traffic violations? Criminal records will be checked on anyone placed in the hospital who has patient contact or access to patient records.

Yes No If yes, please list the date and nature of offense.

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release Meriter Health Services from any liability whatsoever for supplying such information.

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

I understand I must accurately and truthfully complete a criminal background check form and submit it to volunteer services prior to beginning to volunteer or at the time of my placement interview.

Applicant's Signature: _____ **Date:** _____