



UnityPoint Health Marshalltown

Volunteer Application

Personal Information

First Name	Middle Name	Last Name
Address	City	Zip Code
Home Phone Number: _____	Cell Phone Number: _____	
Email Address: _____		
Social Security Number (Background Check): _____		Birth date (with year): _____
I give consent for UnityPoint Health - Marshalltown to run a background check on me. (Signature below indicates agreement)		
Signature: _____	Date: _____	

Emergency Contact: _____ Relationship: _____ Phone Number: _____

Employment Information

Current Employer (if applicable): _____
Past Employer (if applicable): _____
Position: _____ Phone Number: _____

References (Non-Family Member)

Name: _____ Relationship: _____
Phone Number: _____ E-mail Address: _____

Name: _____ Relationship: _____
Phone Number: _____ E-mail Address: _____

Why are you interested in volunteering? _____

Previous Volunteer Experience? _____

How did you hear about our program? _____

Requirements

- Adult Volunteers must be 18 years of age, teen volunteers must be at least 14 years of age.
- All volunteers are asked to at least volunteer once a month.
- A criminal background check will be completed.
- Each new volunteer must complete a TB blood draw.
- A completed health record is required.
- Each new volunteer is required to attend an orientation on safety, infection control, confidentiality, and customer service.

I agree to the above requirements and verify that the above, provided information is accurate.

(Signature below indicates agreement.)

Signature: _____ Date: _____

UnityPoint Volunteer Services Department is not obligated to provide placement, nor are you obligated to accept the position offered.