

## St. Elizabeth Hospital Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

In case of Emergency Notify \_\_\_\_\_

Name

Home Phone

Work Phone \_\_\_\_\_

Relationship to you

If presently employed, name of firm \_\_\_\_\_

Position \_\_\_\_\_ Work hours & Days \_\_\_\_\_

Former Employer \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

Completed Education \_\_\_\_\_

Limitations Related to Health \_\_\_\_\_

How did you become interested in our volunteer program? \_\_\_\_\_

Have you had volunteer experience?

Yes

No

Previous volunteer experience \_\_\_\_\_

Indicate Hobbies / special interests \_\_\_\_\_

<b>References:</b>
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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, explain when, where, and disposition of case\_\_\_\_\_.

<b>Interest / Skills (please indicate with a check mark which you would be willing to share as a volunteer)</b>	
Clerical Skills	<input type="checkbox"/> typing <input type="checkbox"/> filing <input type="checkbox"/> phone receptionist <input type="checkbox"/> using copier <input type="checkbox"/> librarian <input type="checkbox"/> record updating <input type="checkbox"/> numerical updating <input type="checkbox"/> computer <input type="checkbox"/> alphabetizing <input type="checkbox"/> cash register <input type="checkbox"/> sales <input type="checkbox"/> other (specify_____ )
Patient care services (as applicable to the hospital)	<input type="checkbox"/> infant / child care <input type="checkbox"/> patient escort and transport service <input type="checkbox"/> messenger service <input type="checkbox"/> feed patients <input type="checkbox"/> visiting patients <input type="checkbox"/> greeting patients <input type="checkbox"/> other (specify_____ )
Communication Skills	<input type="checkbox"/> journalism <input type="checkbox"/> photography <input type="checkbox"/> foreign language <input type="checkbox"/> other (specify_____ )
Personal skills (to use or teach)	<input type="checkbox"/> knitting <input type="checkbox"/> crocheting <input type="checkbox"/> macramé <input type="checkbox"/> sewing <input type="checkbox"/> crafts <input type="checkbox"/> special event host <input type="checkbox"/> repairs <input type="checkbox"/> tour guide <input type="checkbox"/> other (specify_____ )
Additional Skills / Comments _____ _____	
Special area of interest in volunteering _____ _____	

**Time Available:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Are there any work activities or conditions you must avoid? \_\_\_\_\_  
\_\_\_\_\_

The above information is accurate and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Your signature indicates your approval for us to check references. The volunteer services department is not obligated to provide a placement, nor are you obligated to accept the position offered.*

Interviewer \_\_\_\_\_

Orientation Date \_\_\_\_\_

Area of Assignment \_\_\_\_\_ Start Date \_\_\_\_\_