

# Volunteer/Volunteern Application

Name: Last First Middle



# Volunteer/Volunteen Application

Today's date: \_\_\_\_\_

## GENERAL INFORMATION

Mr., Mrs., Ms., Miss: \_\_\_\_\_

\_\_\_\_\_ Last Name First Name Middle Initial How do you want your first name to appear on your badge?

Address: \_\_\_\_\_

\_\_\_\_\_ Street City State Zip Code

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Birthday (Month/Day): \_\_\_\_\_

Are you at least 16 years of age?  Yes  No

Completed education:  High School  College  Post Graduate Degree

Degree(s): \_\_\_\_\_

Work status:  Employed  Unemployed  Retired  Homemaker

Last place of employment: \_\_\_\_\_

If presently employed, name of company: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_ Work hours and days: \_\_\_\_\_

## IN AN EMERGENCY, PLEASE NOTIFY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you ever committed, been convicted of, pleaded guilty to, pleaded no contest to or entered a plea to a felony or misdemeanor?

*Note: Conviction of a crime is not necessarily grounds for disqualification.*

No  Yes if yes, please explain \_\_\_\_\_

## VOLUNTEER AVAILABILITY

| Monday                        | Tuesday                       | Wednesday                     | Thursday                      | Friday                        | Saturday                      | Sunday                        |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. |
| <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. |
| { } Evening                   | { } Evening                   | { } Evening                   | { } Evening                   | { } Evening                   | { } Evening                   | { } Evening                   |

Comments: \_\_\_\_\_

\_\_\_\_\_

## INTEREST / SKILLS

Please indicate with a check mark which you would be willing to share as a volunteer.

### Clerical Skills

- typing                       answering phones                       using copier                       bookkeeping  
 record updating                       numerical updating                       using computer                       alphabetizing  
 filing                       other (specify)

### Patient Care Services

- patient escort                       messenger service                       visit patients  
 greet patients                       other (specify)

### Communication skills

- journalism                       photography                       calligraphy                       graphic arts  
 teaching                       other (specify)

### Personal Skills

- knitting                       crocheting                       sewing                       crafting  
 creating art                       playing a musical instrument  
 other (specify)

Additional skills/comments: \_\_\_\_\_

\_\_\_\_\_

Special area(s) of interest in volunteering: \_\_\_\_\_

\_\_\_\_\_

Would you be willing to volunteer, if called, to help with a special project such as stuffing and labeling envelopes, answering telephones or assisting with fundraising sales?  Yes  No

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

What do you hope to gain from your volunteer experience? \_\_\_\_\_

\_\_\_\_\_

Have you volunteered in a healthcare setting before?  Yes  No If yes, describe experience.

\_\_\_\_\_

\_\_\_\_\_

What about the healthcare setting is appealing to you?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Personal References

Please do not use relatives as references. At least one reference for whom you have worked is preferred.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The information provided in this application is true in all respects without any willful omissions. I give my consent for a representative of the Volunteer Office to contact the references listed.

### As a VOLUNTEER, I would...

- I agree to attend the volunteer orientation and train until I am competent to perform the required duties.
- I agree to comply with all the rules and regulations of the Hospital and the Volunteer Office.
- I understand that I may be dismissed from my duties for willful wrong doing or negligence and/or performing duties outside of my service description.
- I agree to call my assigned area or Volunteer Office as soon as possible when I have scheduling changes.
- I understand that LMH is not obligated to utilize my services as a volunteer, nor am I obligated to accept the volunteer assignment offered.
- I agree that I am performing my duties as a volunteer and am not entitled to compensation.

**CONFIDENTIALITY: It is the belief of this Hospital that all medical, financial and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion and disclosure. Therefore, volunteers may review, use or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.**

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and LMH.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Volunteer or Parent or Legal Guardian of Volunteer

**Opportunities for Volunteers are provided without regard to religion, creed, race, national origin, age, sex or disability.**

**Please return the completed application to:  
Volunteers Manager  
Licking Memorial Hospital  
1320 West Main Street  
Newark, Ohio 43055  
Volunteer Department: (220) 564-4044**