

VOLUNTEER APPLICATION



YOUR NAME: _____

THANK YOU FOR YOUR INTEREST IN OUR VOLUNTEER OPPORTUNITIES. PLEASE PRINT :

Volunteer Position Applied for (if known): _____

How did you hear about this position?

- Recommendation (From? _____)
- Newspaper Article or Advertisement (Which paper? _____)
- Radio Announcement or Advertisement (Which station? _____)
- Auxiliary Newsletter Church Bulletin Other Hospital Newsletter/Mailing
- Poster or Flyer (Posted where? _____) Other (Please describe: _____)

YOUR NAME: _____
Last First Middle

Your address: _____
Zip Code

Your telephone: _____ Birth date (Optional): _____
Home Work, If Applicable

Are you age 18 or older? Yes No **If no**, are you age 16 or older? Yes No

Have you been convicted of a felony in the last seven (7) years? Yes No (Such conviction may be relevant if job related.) **If yes**, please explain: _____

Email contact information: _____

EDUCATION & TRAINING:

Education/Training (Please circle the highest level attended):

Grades: 5 6 7 8 9 10 11 12

College: 1 2 3 4 Name of School/College/University: _____

Graduate, Post Graduate, Vocational, or other Special Training: _____

Please summarize any special training, skills, licenses, certifications and/or characteristics of yourself that may qualify you as being able to perform volunteer functions: _____

WORK & VOLUNTEER EXPERIENCE & STATUS:

Employer (if currently employed): _____ Phone: _____ Length of Employment: _____

Work Schedule: _____

Address: _____

Duties: _____

Present Status: Student Retired Looking for Work Homemaker Employed Other: _____

Have you ever volunteered here or worked here before? _____

Previous or current Volunteer Work Experience: _____

May we contact anyone for a reference? _____

Previous Work Experience: _____

What did you like least about your last job? _____

What did you like most? _____

May we contact anyone for a reference? _____

INTERESTS:

Below is a listing of potential volunteer opportunities that may currently be available or may become available with our organization. Please indicate with a check mark (✓) any and all that would interest you. Keep in mind that training and orientation would be provided when necessary/desired:

- Charts: assemble forms for patient charts.
- Clerical: file, alphabetize, sort paperwork, answer telephone (no typing or computer), compile booklets, stuff mailings.
- Computer: word processing or data entry on a computer.
- Copier: make photocopies of records, files, forms, newsletters, etc.
- Decorator: decorate for holidays, seasons, etc.
- Greeter/Escort: greet patients and visitors, help guide patients between hospital departments, ensure their comfort while in the facility

- Gift shop: help with retail sales, maintaining shelves, cash register.
- Mail delivery: pick up and deliver mail and paperwork between departments.
- Plant care: water and care for plants in waiting rooms and hallways.
- Nursing & Rehab Center: read and visit with nursing home residents, assist with group activities.
- Scrapbooking: clip newspaper articles and collect memorabilia that relates to our organization.
- Special events: help plan, organize, or serve at special events for small and large groups.
- Surgery: greet family members, offer refreshments, and relay information to them.
- Transporter: pick up and deliver lab specimens, x-rays, records, flowers, and other items around the hospital.
- Other (*please describe*): _____

WHY are you interested in volunteering for our organization (please provide detailed explanation)? _____

What motivates you in life? _____

Are you being referred to do community service or restitution? Yes No

If yes, please provide the name, title, agency and phone number of person who has referred you, i.e. counselor, therapist, or probation officer: _____

AVAILABILITY:

(most volunteer positions require a minimum of 4 hours per month for a period of at least 3 months)

- Type of volunteer time commitment desired:
- Weekly: (Hours desired per week: _____)
 - Bi-Weekly: (Hours desired per every other week: _____)
 - Monthly: (Hours desired per month: _____)
 - On call
 - Other: (Please describe your desired hours: _____)

Currently, the best days of the week for you to volunteer include: (*Circle all that would work for you*):
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Currently, the best times of the day for you to volunteer include: (*Circle all that would work for you*):
 Morning Afternoon Early Evening Nights On Call

Comments about your schedule: _____

REFERENCES:

Please list the name and complete addresses of three people who can describe your character, and who are not related to you (we MUST have at least 2 references):

Name:	Complete Address:	Telephone:	Years Known:

In case of an emergency, notify: _____
Name Relationship Phone

Any Physical Limitations? Yes No **If yes**, please indicate: _____

(We need to assess skill level and ability of all volunteers to ensure appropriate volunteer placement.)

Signature:

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from service as a volunteer.

I give the organization the right to investigate all references and to secure additional information about me, if related to the volunteer position. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant: _____ Today's Date: _____

THANK YOU for taking the time to complete this survey. We will make every effort to match your experiences, skills and interests with a rewarding and worthwhile volunteer opportunity at Upland Hills Health, Inc. Please return this application to the Community Relations Department at Upland Hills Health by using the envelope provided. You may also drop it off at our main entrance or mail it to:

Community Relations Department
Upland Hills Health, Inc.
800 Compassion Way, PO Box 800
Dodgeville, WI 53533-0800

Questions? Please call the Community Relations Dept. at (608) 930-7113.