



Volunteer Services Application



Name		Today's Date	
Date of Birth		Email	
Address	City	State/Zip	
Preferred Phone		Secondary Phone	
Occupation		Work Phone	

If retired, previous occupation _____

Emergency Contact _____ Phone _____
Name and Relationship

Special skills/interests _____

Have you done volunteer work previously? YES NO
(If yes, where and in what capacity?) _____

Are you able to volunteer for at least three months? YES NO

Have you ever been convicted of or plead guilty to a crime other than a misdemeanor traffic violation?
 YES NO (if yes, which state(s), and explain _____)

Volunteer service areas of Interest (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Information Desks | <input type="checkbox"/> Patient Care Areas (Rehab Services/Inpatient Units/Clinic Offices) | <input type="checkbox"/> Lori's Gifts |
| <input type="checkbox"/> ED Ambassadors | <input type="checkbox"/> PAWS (Pet & Wellness Service) | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Chaplaincy |
| | | <input type="checkbox"/> Dietary |
| | | <input type="checkbox"/> Others Available |

Preferred Scheduled Days (Check all that apply)

- | | | | | | | | |
|-------------------------------------|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |

I give you permission to contact the people I have listed as character or business references:

1. _____
Name/Relationship Phone

2. _____
Name/Relationship Phone

The primary goal of the Volunteer Services Department is to provide organization, direction, and services expansion by maintaining an awareness of hospital needs. We are committed to providing and retaining a competent staff of volunteers who provide supplemental services to hospital personnel, patients, and their families, and visitors of the Hospital. Each volunteer is expected to uphold the philosophy and standards of the Hospital. I am in agreement with the mission, vision, and values of KSB Hospital and will support the goals of the Volunteer Services Department and the hospital. I am also aware that I will not be compensated for my volunteer hours. I also am aware that confidentiality is of utmost importance.

Please note there is minimal patient contact in most volunteer positions.

Applicant's Signature