

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

Volunteer Service Areas of Interest:

- | | | |
|--|--|--|
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Valet Services | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Friendly Calls | <input type="checkbox"/> Office Duties | <input type="checkbox"/> Patient Care Floors |
| <input type="checkbox"/> Print Shop/Mailroom | <input type="checkbox"/> Community Wellness Activities | <input type="checkbox"/> Other: _____ |

Preferred Scheduled Days:

- | | | | | |
|-----------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <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 | | | |

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

Please note, your volunteer application is contingent upon a successful background check.