

Riverside Community Hospital Volunteer Department Adult Volunteer Application

Directions: Please print and completely fill out the application.

Personal Information

Last Name		First Name		Middle Initial	
Address				Home Telephone Cell	
City			State		Zip
Language(s) you speak (other than English) <input type="checkbox"/> understand <input type="checkbox"/> write <input type="checkbox"/> speak			Email address:		
Name of College: (Only if currently enrolled)			City		Grade Point Average
Please list any involvement in any of the following: Church Activities:		School Clubs:		Student Government:	
Youth/Community Groups:		Name of Employer and Phone #			

Skills

Availability

What Skills do you have: <input type="checkbox"/> filing <input type="checkbox"/> typing _____ wpm <input type="checkbox"/> cashier/sales <input type="checkbox"/> answering phones <input type="checkbox"/> photocopying <input type="checkbox"/> art/music <input type="checkbox"/> computer (i.e. Word, Excel, PowerPoint) <input type="checkbox"/> Other. Please explain:	Please indicate the hours/shift and day of the week you would be available. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Sun</th> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thu</th> <th>Fri</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td>Morning: 6 to 10 a.m. / 7 to 11 a.m. 8 a to noon / 8:30 a to 12:30</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Afternoon 12 noon-4 pm</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Evening 4 pm-8 pm Can volunteer until 11 p.m.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Other:</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Morning: 6 to 10 a.m. / 7 to 11 a.m. 8 a to noon / 8:30 a to 12:30								Afternoon 12 noon-4 pm								Evening 4 pm-8 pm Can volunteer until 11 p.m.								Other:							
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Is this a requirement for school? If yes, which program?	Area of Interest for volunteer work at RCH:																																								

Medical Information

Do you have any physical or mental condition that prevents you from safely performing volunteer duties or that the volunteer office should be aware of? If yes, please explain:

Employment History

Employer:	From: _____ to _____
Address:	Reason for leaving:
City:	Phone:

Emergency/Physician Information

Name of Person to Notify in Case of Emergency		Relationship:
Address:	Daytime Phone Number	Evening Phone

<i>City/State/Zip Code:</i> _____		
<i>Name of Personal Physician</i>	<i>Phone Number</i>	<i>Facility:</i>
<i>General Information</i>		
<p><i>How did you hear about our Volunteer Department? <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> School <input type="checkbox"/> Church</i> <input type="checkbox"/> <i>Other:</i> _____</p> <p><i>Have you ever served as a volunteer with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>If yes, what year?</i> _____</p> <p><i>Have you had any previous volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>If yes, please describe:</i> _____</p> <p><i>Have you ever been convicted of a misdemeanor or crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>If yes, please explain:</i> _____</p> <p><i>Have you ever been known by another name?</i> _____</p> <p><i>Are you volunteering to fulfill a court ordered community service program? <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p> <p><i>Are you willing to consent to health screenings provided here at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p> <p><i>For scheduling purposes, how will you arrange to arrive here</i> _____</p>		

Applicant Statement

Please read the following, and sign below:

- ❖ *I certify that all answers in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.*
- ❖ *I understand that I am volunteering my services free of charge and do not expect monetary compensation or **employment**.*
- ❖ *I understand that I will be required to attend additional orientation classes in order to be fully informed about health and safety regulations at Riverside Community Hospital and must successfully complete a short "post test" related to these health and safety regulations once a year.*
- ❖ *I understand and authorize RCH to complete TB and Rubella screenings before I can serve as a volunteer.*
- ❖ *I understand that I will have to authorize a background check in order to volunteer.*
- ❖ *I understand that I have to purchase a volunteer uniform. Auxiliary membership Optional.*
- ❖ *I understand that the position of volunteer requires that I commit to minimum of 100 hours or hours required to complete the assigned project.*
- ❖ *I understand that any false statements will result in my termination.*

Applicant's Signature: _____ *Date:* _____