

Volunteer Application

Personal Information

Name	First	Last
Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
E-Mail Address		
Birthdate		

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Academic Background

Name of School (only if currently enrolled)

High School	
College	

Skills

What skills do you have?

<input type="checkbox"/>	Filing	<input type="checkbox"/>	Computer (Word, Excel, PowerPoint)
<input type="checkbox"/>	Computer Experience	<input type="checkbox"/>	Language(s) you speak (other than English)
<input type="checkbox"/>	Cashier/ Sales	<input type="checkbox"/>	
<input type="checkbox"/>	Answering phones	<input type="checkbox"/>	<input type="radio"/> write
<input type="checkbox"/>	Photocopying	<input type="checkbox"/>	<input type="radio"/> speak
<input type="checkbox"/>	Art/ Music	<input type="checkbox"/>	<input type="radio"/> understand

Is this a requirement for school? **YES** or **NO**

If yes, for which program and how many hours are required? _____

Office Use Only

Info Talk	
Interview	
Orientation	
Training	



How did you hear about the RCH Volunteer Services Program? _____

Previous Volunteer Experience

Summarize your previous volunteer experience. Also, why do you want to volunteer at RCH?

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Emergency Contact / Physician Information

Name	
Relationship	
Home Phone	
Cell Phone	

Name of Physician	
Office Phone	

Agreement and Signature

Please read the following, and sign below:

- I certify that all the 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 is optional.
- I understand the position of volunteer requires that I commit to a minimum of 200 hours of service, with a minimum of 4 hours per week or as assignment requires.
- I understand that any false statements will result in the termination of my volunteer service.

Name (printed)	
Signature	
Date	