

Volunteer Application



CONTACT INFORMATION

APPLICATION DATE

MONTH / DAY / YEAR

PLEASE PRINT ON THIS FORM

NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____
HOME CELL WORK

E-MAIL: _____

GENDER: MALE FEMALE **BIRTH DATE:** _____ **SS#:** _____
MONTH DAY YEAR

EMERGENCY CONTACT

NAME: _____

PHONE: _____ **RELATIONSHIP:** _____

EXPERIENCE/WORK HISTORY/BACKGROUND

ARE YOU PRESENTLY EMPLOYED? YES NO FULL TIME PART TIME

PAST OR CURRENT ORHC EMPLOYEE? YES NO

LIST THE MOST RECENT FIRST

EMPLOYER	DATE OF EMPLOYMENT	JOB RESPONSIBILITIES
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION/SPECIAL TRAINING: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

HOBBIES/SKILLS/LANGUAGES/INTERESTS: _____

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions, in this state or any other state?

NO YES

If yes, for what, when and where? _____

Volunteer Application



REFERENCES

List two persons not related to you, who can judge your qualifications for this position. If you have previous experience as a volunteer, one reference should be from that organization. Please include COMPLETE address and phone numbers.

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
RELATIONSHIP: _____

VOLUNTEERING/AVAILABILITY

VOLUNTEER AREAS & POSITIONS

- Osceola Regional Health Center (Hospital Greeter)
WELCOMES PATIENTS AND VISITORS UPON THEIR ARRIVAL TO THE HOSPITAL AND HELP DIRECT OR ESCORT THEM TO THEIR DESTINATION.
- Heartwood Heights (Volunteer)
ASSIST WITH ACTIVITIES, PROVIDE ONE ON ONE VISITATION TO RESIDENTS AND ASSIST STAFF ON VARIOUS OUTINGS.
- New Beginnings Thrift Store (Volunteer)
SORT DONATED ITEMS, PRICE AND DISPLAY MERCHANDISE.

AVAILABILITY: DESIRED NUMBER OF HOURS PER WEEK: _____
DESIRED NUMBER OF DAYS PER WEEK: _____

DESIRED DAYS OF THE WEEK:

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY
- SATURDAY
- SUNDAY

DESIRED TIMES:

- MORNINGS
- AFTERNOONS
- EVENINGS

I understand and will comply with all of the following if accepted as a volunteer:

- I voluntarily offer my services with a clear understanding that there is no monetary compensation
- I will endeavor to be prompt and regular in my service.
- I will observe all hospital regulations.
- I authorize persons listed as references to release information.
- I understand that Osceola Regional Health Center may complete a criminal background check.
- I certify that all information on this application is true and complete.

APPLICANT SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

REFERRED BY: _____
INTERVIEW BY: _____
ORIENTATION BY: _____

REFERRAL ON FILE: _____
DATE: _____
DATE: _____

AREA ASSIGNED	DATE	SUPERVISOR	TRAINER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATE SERVICE ENDED: _____

TOTAL HOURS: _____

REASON: _____