



VOLUNTEEN APPLICATION FOR VOLUNTEER SERVICES
(PLEASE PRINT)

DATE: _____

PERSONAL

Name: _____ Email: _____
(First) (Middle) (Last)

Address: _____
(Street Address) (City) (State) (Zip)

Alternate Address: _____

Home Phone Number: _____ Best Time to Call: _____

Other phone number where you may be reached: _____ Best Time to Call: _____

E-mail address: _____

Parents/Guardians Names: _____ Contact number: _____

Parents/Guardians Names: _____ Contact number: _____

Person(s) to notify in case of emergency: _____ Contact number: _____

If you are under 18*, date of birth: _____ (*Volunteers must be 14 years of age.)

GENERAL

Why do you wish to volunteer at Aspirus Medford Hospital?

How did you find out about the Volunteer program (please circle all that apply):

Newspaper Radio Aspirus Employee School Internet Other: _____

Have you ever applied for or served as an Aspirus volunteer in the past? ___yes ___no When? _____

Date available to volunteer: _____

Days available (circle all that apply): Monday Tuesday Wednesday Thursday Friday Saturday Sunday Holidays

Hours Preferred (circle all that apply): Morning Afternoon Evening

Current place of employment: (if any) : _____

Recent place of employment (if any): _____

Are you currently enrolled at any school? ___yes ___no

School Name: _____ Current grade level: _____

Do you have secondary education plans? _____

(over please)

SKILLS/EXPERIENCE

Club/Organization Affiliations:

Special Training/Foreign Language/Hobbies or Skills (please describe):

Do you have experience working/relating with the elderly? If so, please describe: _____

Please list any business or volunteer experience: _____

REFERENCES

Please list two references that are not relatives. Addresses are required.

Name _____

Name _____

Address _____

Address: _____

Phone _____

Phone _____

Relationship _____

Relationship _____

READ AND SIGN:

Our policy is to select and train the best-qualified individuals without regard to race, color, religion, creed, sex, national origin, age, disability, citizenship, veteran or marital status. Volunteers are placed according to their interests as much as they match the needs of the health center. During the first 60 days, the volunteer is in an introductory status.

In compliance with State Law, I understand that I must sign an authorization for a criminal history check. The disclosure form will be kept confidential. However, the results of this disclosure may determine my suitability for volunteer work at Aspirus Medford Hospital.

The information provided in this application is true in all respects, without any willful omissions. I understand that if I am selected as a volunteer, any false or misleading statements on this or any company document may result in immediate dismissal without notice regardless of when the false information is discovered. If at any time during my participation in the program a complaint is received which raises the issue of drugs or alcohol, I agree to submit to testing.

As a Volunteer, I...

- Agree to complete the volunteer orientation and train until I am competent to perform the required duties.
- Agree to complete annual health and educational screenings as deemed necessary.
- Agree to comply with all the rules and regulations of Aspirus Medford Hospital and the Aspirus Volunteers.
- Understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines.
- Understand the volunteer relationship is for an indefinite period and may be terminated at any time for any reason, either by the volunteer or the health center.
- Agree to notify the Volunteer Coordinator or immediate supervisor as soon as possible when I have scheduling changes.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

Return application to: Volunteer Coordinator Aspirus Medford Hospital 135 South Gibson Street Medford, WI 54451