

LOGANSPORT MEMORIAL HOSPITAL VOLUNTEER FORM



DATE _____ **INTERVIEW DATE** _____ & **TIME** _____

TITLE Mr. Mrs. Miss Ms **E-MAIL ADDRESS** _____

NAME Last _____ First _____ MI _____

FIRST NAME FOR ID BADGE, if different from above _____

STREET ADDRESS _____

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

PHONE Home _____ Work _____

School _____ Cell _____

AGE 14-18 19-29 30-39 40-49 50-59 60-69 70-79 80+

PREFERRED WORK AREA (Circle) Patients Public Chaplain Office Meals on Wheels Gift Shop Undecided

AVAILABILITY

Number of days per week 1 2 3 4 5

Hours per day 4 6 8

Start Date _____

How long do you plan to volunteer?

_____ Less than one year

_____ One year

_____ More than one year

_____ Summer

DAY

HOURS (Please specify earliest hour to start and latest hour to stop)

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

WORK EXPERIENCE (Paid or volunteer; list current or most recent job first.)

Current Status (Circle one) Retired Unemployed Employed Student

1. **Job Title** _____ **Dates** _____

Company Name _____

Supervisor _____ Phone _____

Duties _____

Reason for Leaving _____

2. **Job Title** _____ **Dates** _____

Company Name _____

Supervisor _____ Phone _____

Duties _____

Reason for Leaving _____

LANGUAGES SPOKEN English Spanish Other _____

REFERENCES (Please list TWO references - DO NOT list any relatives.)

Name _____ Occupation _____

Address _____ City _____ Zip _____

Relationship to Applicant _____ Daytime Phone Number _____

Name _____ Occupation _____

Address _____ City _____ Zip _____

Relationship to Applicant _____ Daytime Phone Number _____

SKILLS/HOBBIES (Circle all that apply.)

Data Entry Word Processing/Typing Filing Organizing Telephone
Other _____

WHY DO YOU WANT TO VOLUNTEER? (Check all that apply.)

_____ Retired _____ Experience _____ School Requirement
_____ Give Back to Community _____ To Become Employed
Other (Please specify) _____

EDUCATION

Currently enrolled? Yes No Last Grade Completed: 8 9 10 11 12 College Fr So Jr Sr
Name of High School _____ Graduated: Yes No
Name of College _____ Graduated: Yes No
Degree/Major(s) _____
Other Training _____

HOW DID YOU FIND OUT ABOUT VOLUNTEERING AT LOGANSPORT MEMORIAL HOSPITAL?

_____ Employee (Name _____) _____ Church Bulletin
_____ Newspaper (Name _____) _____ Patient
_____ Volunteer (Name _____) _____ LMH Web Site
Other (Specify) _____

HAVE YOU EVER VOLUNTEERED AT MEMORIAL BEFORE? Yes No

Year(s) _____ Name (if different) _____
Area(s) _____

EMERGENCY CONTACT

Name _____ Relation _____
Home Phone _____ Work _____

HEALTH SURVEY

Check those that apply to you and elaborate, if needed.

_____ Back Problems _____ _____ Blind _____
_____ Diabetic _____ _____ Epilepsy _____
_____ Hearing Impaired _____ _____ Tuberculosis(TB) _____
_____ Other (Physical limitations that would affect volunteer positions.) _____

I certify that all information on this application is correct. If I become a volunteer, I agree to abide by the policies of Logansport Memorial Hospital. I also understand that all information I obtain while volunteering is strictly confidential and cannot be shared outside the appropriate staff of the hospital.

Yes, I do.

Signature of Applicant

Date