

Date: \_\_\_\_\_

McDonough District Hospital

# Volunteer Services Application

PLEASE PRINT

E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Daytime Evening

Best time of day to reach you: ( ) Daytime ( ) Evening Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day

Emergency Contact: \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Phone

Are you employed? ( ) Yes ( ) No If Yes, where? \_\_\_\_\_

May we contact you at work? ( ) Yes ( ) No If Yes, Work Phone: \_\_\_\_\_

Were you ever employed by McDonough District Hospital? ( ) Yes ( ) No

If Yes, When? \_\_\_\_\_ What Position? \_\_\_\_\_

Do you have previous volunteer experience? ( ) Yes ( ) No

If Yes, what type of volunteer work have you done? \_\_\_\_\_

Special Training or Education: \_\_\_\_\_

Special Interests/Hobbies: \_\_\_\_\_

Please check if you have any of the following skills. (Check all that apply.)

- |                                        |                                                    |
|----------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Art Work      | <input type="checkbox"/> Craft Skills (List) _____ |
| <input type="checkbox"/> Clerical      | <input type="checkbox"/> Data Entry                |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Graphic Design            |
| <input type="checkbox"/> Computers     | <input type="checkbox"/> Music (List) _____        |

Please check if you have previous experience in any of the following areas. (Check all that apply.)

- |                                              |                                              |                                             |
|----------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Artist              | <input type="checkbox"/> Heading up a Bazaar | <input type="checkbox"/> Registered Nurse   |
| <input type="checkbox"/> Buyer               | <input type="checkbox"/> Home Economics      | <input type="checkbox"/> Sales              |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Library             | <input type="checkbox"/> Teacher            |
| <input type="checkbox"/> Dietician           | <input type="checkbox"/> Newspaper           | <input type="checkbox"/> Member of another  |
| <input type="checkbox"/> Dramatics           | <input type="checkbox"/> Photography         | <input type="checkbox"/> Hospital Auxiliary |
| <input type="checkbox"/> Financial Work      | <input type="checkbox"/> Public Speaking     |                                             |
| <input type="checkbox"/> Food Management     | <input type="checkbox"/> Radio/Television    | <input type="checkbox"/> Other _____        |

Why do you want to become an MDH volunteer? \_\_\_\_\_

Why did you select McDonough District Hospital? \_\_\_\_\_

Were you invited to become a volunteer by a current MDH volunteer? ( ) Yes ( ) No

If Yes, who invited you? \_\_\_\_\_

Are you a resident of this area year round? ( ) Yes ( ) No

If no, when are you gone? \_\_\_\_\_

When are you available? (Check all that apply) \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings

- |                                  |                                    |                                   |                                 |
|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday  | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday   | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday  | <input type="checkbox"/> Saturday |                                 |

Are you available to work any holidays? ( ) Yes ( ) No ( ) Maybe

If YES/Maybe, circle which ones: New Year's Day Easter Sunday Labor Day Thanksgiving Day

New Year's Eve Memorial Day Fourth of July Christmas Eve Christmas Day

Are there medical or other limitations that would affect the type of volunteer work you could perform?

(e.g. Arthritis, asthma, back problems, diabetes, epilepsy, fainting spells, foot problems, hearing problems, heart trouble, hepatitis, high blood pressure, tuberculosis, varicose veins, etc.) ( ) Yes ( ) No

If Yes, please explain: \_\_\_\_\_

**OFFICE USE ONLY**

Frequency of Volunteering: \_\_\_\_\_ / \_\_\_\_\_

Date \_\_\_\_\_

\_ General Orient: \_\_\_\_\_

\_ Volunteer Wks: \_\_\_\_\_ Schedule: \_ Regular or \_ On-call or \_ Combination