McDonough District Hospital

Volunteer Application

Please return to the MDH Foundation office 525 E. Grant St., Macomb, IL 61455

Name:			
Address:	**City:**	**State:**	**Zip:**
Phone #:	**E-Mail:**		
Personal/Professional Reference:	Relationship:	Phone #:	

Volunteer Preference

Gift Shop	**Hospice**	**Admitting**	**Greeter**
☐ 9:00am - 12:30pm	☐ 9:00am - 12:30pm	☐ 9:00am - 12:30pm	☐ 9:00am - 12:30pm
☐ 12:30pm - 4:00pm	☐ 12:30pm - 4:00pm	☐ 12:30pm - 4:00pm	☐ 12:30pm - 4:00pm
☐ Other: __________	☐ Other: __________	☐ Other: __________	☐ Other: __________

When are you available? (Check all that apply)

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Have you ever been employed by McDonough District Hospital? ☐ Yes ☐ No

**If Yes, When?* ______________________ *What Position?* __________________________________

Please explain any volunteer experience you have:

____

____

Were you invited to become a volunteer by a current MDH Employee or Volunteer? ______________________

Why do you want to become an MDH Volunteer? ____

____

☐ I acknowledge that all volunteers are required to complete a background check and provide up-to-date immunization records before beginning service. If I am interested in volunteering with the hospice program, I recognize that fingerprinting will also be required as part of the Hospice volunteer screening process.

☐ I acknowledge that I am responsible for my own transportation to and from all assigned volunteer shifts, have reliable means to arrive as scheduled, and understand that travel expenses will not be reimbursed.

______________________________________ ____________________

Signature Date