## McDonough District Hospital

## Volunteer Services Application

PLEASE PRINT: Date: E-mail address:					
Name:					
First	M.I.	Last			
Address:					
Street	City		State	Zip	
Phone:		vening			
-					
Best time of day to reach you:	( ) Daytime ( ) Even	ning Date of Birth:	//	-	
Emergency Contact:					
Name	<b>)</b>	Relat	ionship	Phone	
Are you employed? ( ) Y	Vas ( ) Na				
are you employed: ( )	res ( ) No				
f Yes, where?					
May we contact you at work? (	Yes () No If	Yes, Work Phone:			
Were you ever employed by Mc	Donough District Hospi	ital? ( ) Vas ( ) No			
		, , , , ,			
f Yes, When?	What Position?				
Do you have previous volunteer	experience? ( ) Yes	( ) No			
If Yes, what type of volunteer w	ork have you done?				
Special Training or Education:					
Special Interests/Hobbies					
Special Interests/Hobbies:					
Please check if you have any of					
Art Work Clerical	Craft Skills Data Entry	s (List)			
Communication	Graphic De	esign			
Computers	Music (I				
Other					



Please check if you have previous experie	TT 1' D	= = -				
Artist Buyer	Heading up a Bazaar Home Economics	Registered Nurse Sales				
Community Relations						
Dietician	Library Newspaper	Teacher  Member of another				
Dramatics	Photography	Hospital Auxiliary				
Financial Work	Public Speaking	Trospital Trammary				
Food Management	Radio/Television	Other				
•						
Why do you want to become an MDH volur	iteer?					
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 app	oly) Mornings	_ Afternoons Evenings				
Monday Wednesday Tuesday Thursday	y Friday Saturday	_ Sunday				
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	g Day				
New Year's Eve Memorial Day	Fourth of July Christmas E	ve Christmas Day				
Are there medical or other limitations that (e.g. Arthritis, asthma, back problems, diabed blood pressure, varicose veins, etc.) ( ) Y	etes, epilepsy, fainting spells, foot probler					
If Yes, please explain:						
Communicable Disease History: Do you	have a history of any of the following?					
Communicable Disease Institiy. Do you	mare a mistory of any of the following:					
Hepatitis Measles Mumps If not and you have not been vaccinated for		u discuss vaccination with your physician.				
Have you been exposed to Tuberculosis or e	ever have a positive TB skin test? ( ) Ye	es ( ) No				
OFFICE USE ONLY	Frequency of Volunteering:					
Date  ☐ General Orient:  ☐ Volunteer Wks:	Schedule: □ Regular or	□ On-call or □ Combination				



## McDONOUGH DISTRICT HOSPITAL VOLUNTEER SERVICES

Put "1" next to your 1<sup>st</sup> choice, "2" next to your 2<sup>nd</sup> choice, and "3" next to your 3<sup>rd</sup> choice of the service areas you would like to learn. Within each area, check the time(s) that might best suit your schedule.

*Gift Shop	*Mail Delivery		
Monday-Friday	Monday – Friday		
9:00 AM – 1:00 PM	10:00 AM – 12:00 PM		
*1:00 PM – 5:00 PM			
*5:00 PM - 8:00 PM	Newspaper Delivery		
	Wednesday & Friday 11:00 AM		
Saturday	Saturday 9:30 AM		
*9:00 AM – 1:00 PM	50002000 512.1		
*1:00 PM - 5:00 PM	Escort Service		
1.00 1111 3.00 1111	Monday – Friday		
Sunday	9:00 AM – 1:00 PM		
1:00 PM – 5:00 PM	5.00 AM = 1.00 f M 1:00 PM = 5:00 PM		
= 1.00 f W = 3.00 f W	1.00 1 W = 3.00 1 W		
Reception Desk	*Baby Talk (flexible hours)		
Monday – Friday	Monday – Sunday		
*7:00 AM – 10:00 AM			
*10:00 AM – 1:30 PM	MDH Auxiliary Activities		
*1:30 PM – 5:00 PM	Committee (flexible hours)		
*5:00 PM - 8:00 PM	Monday – Saturday		
3.001141 0.001141	This group develops, organizes and runs		
Saturday	fundraising events throughout the year in		
*10:00 AM – 1:30 PM			
*1:30 PM – 5:00 PM	support of the scholarships / loans program		
	which helps local students pursuing health		
*5:00 pm – 8:00 PM	careers.		
Sunday & Holiday	Other:		
*1:30 PM – 5:00 pm			
1.30 1 W 3.00 pm			
*Hospice			
Home visits, office work, special projects	*Indicates areas of greatest need.		
Tioms visits, office work, special projects	indicates areas of greatest field.		
Name:	Date: Phone:		

Return this form to MDH Volunteer Services: 525 E. Grant St., Macomb, IL 61455

