



VOLUNTEERS APPLICATION

Application Date		Location Volunteering			<input type="checkbox"/> Adult (18 +) <input type="checkbox"/> Teen (14 to 18)				
*Please advise us if any accommodation is needed to participate in the application process.									
PERSONAL INFORMATION									
Last Name		First Name			Middle Initial				
Social Security Number		Home Phone	Cell Phone		Work Phone				
Address				Apartment Number					
City		State	ZIP		E-mail				
EDUCATION AND WORK EXPERIENCE									
Current Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other			If you are retired, what was your occupation						
Business Address									
May we contact you at work?			Are you a student? <input type="checkbox"/> Junior High (8th Grade) <input type="checkbox"/> High School <input type="checkbox"/> College Full or Part Time						
SKILLS AND TALENT – PLEASE CHECK YOUR AREA OF EXPERTISE									
<input type="checkbox"/> Retail/Cashier		Please check the boxes for the days and times you are most often available to volunteer.							
<input type="checkbox"/> Good Customer Service Skills									
<input type="checkbox"/> Accomplished Musician			SUN	MON	TUE	WED	TH	FRI	SAT
<input type="checkbox"/> Computer Competency		Morning							
<input type="checkbox"/> Phone Work									
<input type="checkbox"/> Interacting with Patients		Afternoon							
<input type="checkbox"/> Good with Children									
<input type="checkbox"/> Organizational/Detail Work/Multi-tasker		Evening							
<input type="checkbox"/> Fundraising									
<input type="checkbox"/> Pastoral Care/Extraordinary Minister of the Eucharist (EME)									
<input type="checkbox"/> Certified Pet Therapist									
PERSON TO NOTIFY IN CASE OF EMERGENCY									
Last Name				First Name					
Address				Relationship					
City				State			ZIP		
Home Phone		Cell Phone		Work Phone		E-mail			

VOLUNTEER HISTORY

Have you volunteered your time at another organization? Yes No If so, where?

Name	Phone
------	-------

What were your responsibilities?

Have you volunteered at another CHI Health hospital? If so, where?

PLEASE LIST A PERSONAL REFERENCE

Name	Phone
------	-------

Address	City	State	ZIP
---------	------	-------	-----

Relationship

Name	Phone
------	-------

Address	City	State	ZIP
---------	------	-------	-----

Relationship

Is there an agency, school, or anyone that will need documentation of your volunteer hours? Yes No

If "Yes," Name	Address
----------------	---------

Why is this documentation needed?

Do you have a record of child abuse or dependent adult abuse? Yes No

If "Yes," please give a date, location, and disposition of your case

HAVE YOU BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) OR DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE IN THIS STATE OR ANY OTHER STATE? Yes No
 (Conviction will not necessarily disqualify applicants. The recency, severity, and pertinence of the conviction to the placement will all be considered.)

If I am being requested to provide documentation of these volunteer hours, I have indicated it on this application. If accepted as a volunteer, I agree to serve according to CHI Health's Volunteer Guide. I will respect the patient's rights by not discussing confidential information that I might obtain through my volunteer assignments at CHI Health.

Thank you for your interest in volunteering at CHI Health hospitals.

Signature	Date
-----------	------

FOR OFFICE USE ONLY

Forms Required For Teens	Received	Background/Health Checks	Sent	Received
Parent Consent form		Adult/Child Abuse		
Teen Reference Letter		Excluded Provider and Discipline		
Teen Reference Letter		Criminal Background		
		Occupational Health		

Request CHI Health Sign-on	Badge Number
Orientation Date	Initial Assignment