

VOLUNTEER APPLICATION

All volunteer applicants must submit to a background check. After your volunteer application is reviewed, background screening instructions will be emailed to you from the Manager of Volunteer Services.

Please note that we do not offer volunteer opportunities to fulfill court mandated community service requirements.

	Rene	wal New	
Please Print			
Name			Spouse
Last	First	Middle Initial	_Spouse
Address		City	Zip
Phone	/	/	Email
Cell		Work	Email
•		•	Hospital Employee? Yes No
Highest level of E	ducation Achieved:	☐ High School ☐ A	ssociate's Degree College Degree
☐ Master's Degree	e □ PhD □ Other		
Computer Skills,	Special Skills & Inte	erests	
Current/Previous	Occupations		
Volunteer Experie	ence		
Are you at least 1	5 years old? Yes	No	
Date of Birth	\		
Service Area Pref available at all tin		er 3 choices in order o	of preference. Not all positions are
Blood Drive Clerical - ho Courtesy Sh Gift Shop - Lifeline Pers Outpatient	es – 4 times per year; elp various departmen nuttle Driver – transp cashiering, customer sonal Response Service Registration Suppor	register donors & pass nts as assigned; filing, porting patients from passervice; 9:00am-8:00pce – office work, troub to the work with Outpatien service: M-F, 6am-1	mailings, photocopying; flexible arking lots to door. M-F, 2 shifts m, 7-days a week le shooting, installations; flexible hours t staff to provide surgery patient customer 1am
	_		patients to scheduled appointments, M-F
_			front lobby; 7:00am-8:00pm; 7 days/week

Des	ired frequen	cy of volunte	er work:v	veekly	a few times a	month	once a month
Plea	ase circle you	r preference	(s) of days and	time for volu	inteering.		
	Monday	Tuesday	Wednesday		Friday	Saturday	Sunday
	Morning	Morning	Morning	Morning	Morning	Morning	Morning
	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
	Evening	Evening	Evening	Evening	Evening	Evening	Evening
& c	ards tournan	nents or vari	ering at our fuous sales in the	hospital? Y	,		ala, annual golf
	Name			Phone		Title/Relationship	
	Name			Phone		Title/Relationship	
J	 Name			Phone		Title/Relationship	
2	Please list two (2) individuals we may contain 1			Phone Phone on this application is true an		Relationship Relationship	
I un		•	ing is at-will what the same right.	nich means tha	nt I may termi	nate at any tir	ne and for any
I ha	ve read and fu	ılly understan	d the above info	ormation.			
Sign	nature:				Date:		
	e you have con up an interview		pplication, please	e call the Mand	ager of Volunte	eer Services at	(815) 705-7022 to
Inte	for office use or rviewement_entation Date						

Original: 10/96 Revised: 08/02; 06/03; 04/04; 01/07; 12/08; 06/09; 07/09; 11/10; 08/11; 01/12; 03/12; 07/12; 10/15; 08/17, 06/18