

Desired frequency of volunteer work: ____ weekly ____ a few times a month ____ once a month

Please circle your preference(s) of days and time for volunteering.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Are you interested in volunteering at our fundraising events, such as the annual gala, annual golf & cards tournaments or various sales in the hospital? Yes ____ No ____

Please list three (3) references who are NOT relatives:

1. _____
Name Phone Title/Relationship
2. _____
Name Phone Title/Relationship
3. _____
Name Phone Title/Relationship

Please list two (2) individuals we may contact in case of an emergency:

1. _____
Name Phone Relationship
2. _____
Name Phone Relationship

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.

I understand that my volunteering is at-will which means that I may terminate at any time and for any reason and that the facility has the same right.

I have read and fully understand the above information.

Signature: _____ Date: _____________

Once you have completed your application, please call the Manager of Volunteer Services at (815) 705-7022 to set up an interview.

**For office use only:

Interview _____ Scheduled Service Time _____
Placement _____ TB Test Completed _____
Orientation Date _____