MORRIS HOSPITAL
& HEALTHCARE CENTERS

VOLUNTEER APPLICATION

Please note: We do not offer volunteer opportunities to fulfill court mandated community service requirements.

Please Print

Name _____/_____/_____ **Spouse** _____
Last *First* *MI*

Address _____ **City** _____ **Zip**_____

Phone _____/_____/_____ **Email** _____
Cell *Home* *Work*

Were you referred to Volunteer Opportunities by a Morris Hospital Employee? Yes ____ No ____
If yes, who? _____

Will your volunteer service be reported to an employer or non-profit group? Yes ____ No ____
If yes, to whom will you report? _____

Highest level of Education Achieved: ☐ High School ☐ Associate's Degree ☐ College Degree
☐ Master's Degree ☐ PhD ☐ Other _____

Computer Skills, Special Skills & Interests_____

Current/Previous Occupations_____

Volunteer Experience _____

Are you a student? No ____ Yes ____: ☐ High School ☐ College

Date of Birth _______________

Service Area Preferred: **Please number 3 choices in order of preference. Not all positions are available at all times.**

- ☐ **Same Day Surgery desk –** assist waiting families of day surgery patients. M-F, 6-10a, 10a-2p, 2-5p
- ☐ **Gift Shop** – cashiering, customer service; M-F, 9a-12p, 12-3p, 3-6p, weekends vary
- ☐ **Reception Desk** – greet & direct visitors at front lobby; M-F, 8a-12p, 12-3:30p, 3:30-7p
- ☐ **Patient Transportation** M-F, morning and afternoon shifts (**Choose preferred role below.)**
  - __ **Bus Driver**–drive patients on our bus to scheduled appointments
  - __ **Bus Assistant** –assist bus driver and patients
  - __ **Courtesy Van Driver** – transport patients in our van from their home to medical offices
  - __ **Parking Lot Shuttle Driver** – transport MH patients & visitors from lot to building

What is your availability? ☐ Weekly ☐ A couple 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

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

Reference 1	**Reference 2**	**Reference 3**
Name	*Name*	*Name*
Title/Relationship	*Title/Relationship*	*Title/Relationship*
Phone	*Phone*	*Phone*
Email (if known)	*Email (if known)*	*Email (if known)*

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

Emergency Contact 1	**Emergency Contact 2**
Name	*Name*
Relationship	*Relationship*
Phone	*Phone*

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 understand that Morris Hospital does not offer volunteer opportunities to fulfill court mandated community service requirements and that a background screening will be conducted through Verified First prior to my start date.

I have read and fully understand the above information.

Signature: _____ *Date:* _______________

Thank you for taking the time to complete your application.
Please return it to the Morris Hospital volunteer desk at the main reception area.
Our Volunteer Services staff will contact you for an interview.

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; 03/23; 12/23, 08/24, 07/2025