

Volunteer Services
Faith Regional Health Services
 402-644-7529

Volunteer Application

Personal Information

Last Name		First Name			MI
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	Preferred Name	Cell Phone	Home Phone	
Current Address				Social Security #	
City		State		Zip	
E-mail address (optional)			Birthday (month/day only)		
Emergency Contact Person		Relationship		Phone number	

Education, Employment and Volunteer Experience

Current Employer (optional)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Phone Number
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School		Expected date of graduation	
Hobbies, Skills or Special Interests			
Previous Volunteer or paid employment experience			
Have you Volunteered at FRHS in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, What Position?	

Skills/Preferences (check all interests)

Availability

<input type="checkbox"/> Info Desk <input type="checkbox"/> Cafeteria <input type="checkbox"/> Gift Shop <input type="checkbox"/> Surgery Waiting <input type="checkbox"/> Other 	<p style="text-align: center;">Please check the boxes for the days and times you are most often available to volunteer.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>S</th> <th>M</th> <th>T</th> <th>W</th> <th>Th</th> <th>F</th> <th>Sa</th> </tr> </thead> <tbody> <tr> <td>Morning</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Afternoon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evening</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		S	M	T	W	Th	F	Sa	Morning								Afternoon								Evening							
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Other Information

Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain
Do you need verification of your FRHS volunteer hours for a requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain

Volunteer Statement: I wish to donate my services to Faith Regional Health Services and understand there is no payment for services rendered as a volunteer at Faith Regional Health Services. I understand that the Faith Regional Health Services Volunteer Services or Marketing Department may take photographs of me for publications or other uses. I agree to abide by the rules, regulations, and policies of the Faith Regional Health Services department in which I serve and Volunteer Services. I further understand confidentiality must be maintained concerning patient and family information. I understand that if I do not abide by Faith Regional Health Services department in which I serve/Volunteer Services Department rules, regulations, or policies, that I will be terminated from the volunteer program and it may result in legal action. I authorize the Volunteer Services Department staff to investigate all statements made in this application and to contact any paid employer or volunteer agency listed and, if necessary on my placement, perform a background check. I agree to provide a two-week notice of service resignation. I am 16 years of age or older.

Volunteer Signature: _____ Date: _____

If applicant under 19 years of age:

I give permission that _____, may volunteer at Faith Regional Health Service, accepting all rules, regulations, and policies.

Parent Signature: _____ Date: _____



OFFICE USE ONLY: (To be completed after Interview/Placement)

Interview Date: _____ Interviewer: _____

Orientation Date: _____ Applicant Accepted: ___ Yes ___ No

Is anyone else at your address a FRHS volunteer? _____

How were you referred to FRHS? _____

Summary of Interview:

Assignment Information:

Department	Volunteer Position	Day/Time	Position Description	Training/Start Date	End Date

Resignation Date: _____ Reason: _____ Board Member/Time Period: _____

Last Day Worked: _____ Hour/ Award Info: _____