



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name _____ Date _____
Mailing Address _____
City _____ State _____ Zip _____
E-mail _____
Home Phone _____ Work/Cell Phone _____
Date of Birth: Month _____ Day _____ Year _____
In case of emergency, who should we contact?
Name _____ Relationship _____
Phone _____ Cell phone _____

EDUCATION & EMPLOYMENT HISTORY

Education Completed: High School 1 2 3 4 College 1 2 3 4 Post Grad 1 2 3
Are you currently a student? Yes No
Name of School _____
Major Field of study _____
Is volunteer work a class assignment? Yes No
If yes, what are the requirements (i.e., hours, type of placement)? _____
Contact Name _____
Contact Phone _____
Are you currently employed? Yes No
Employer _____ Hours per week _____

TELL US ABOUT YOURSELF

What day(s) are you available to volunteer? _____
What time(s) are you available to volunteer? _____
What area(s) are you interested in?

- Helping patients
- Clerical help
- Gift Shop
- Other, please describe _____
- Helping visitors
- Mailings/Special projects
- Peer Mentoring
- Errands/deliveries
- Phone work

Are you a former Gaylord Hospital patient? Yes No

If yes, when were you discharged? _____

Do you have any physical, mental or medical condition(s) which would limit your ability to perform certain tasks?

Yes No

If yes, please explain _____

Are you related to any employees or volunteers of Gaylord Hospital? Yes No

Name _____ Department _____

Relationship _____

Please summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities. Include hobbies, talents, computer skills, etc.

I have answered each question fully and completely. I authorize Gaylord Hospital to conduct an inquiry concerning the information I have stated on this application. This may include education, references, and/or criminal background checks.

I will hold confidential all information that I may obtain directly or indirectly concerning patients or personnel, and

I will not seek to obtain or access any information that is not necessary in carrying out my duties as a volunteer.

I will not sell goods or services, request contributions, or distribute political or religious materials on hospital premises.

My services are donated to the hospital without contemplation of compensation or future employment.

I will notify my immediate supervisor if I am unable to work as scheduled.

I agree to abide by the policies of Gaylord Hospital and the Volunteer Services Department.

I understand that inappropriate behavior will result in immediate dismissal from the program.

I have read each of the above conditions and I agree to be bound by them.

Volunteer Signature _____ Date _____

Volunteer Parent Signature if Volunteer is under age 18 _____ Date _____

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender identity or gender expression, sexual preference, age, disability or pregnancy.