

Helena Regional

MEDICAL  CENTER
Quality Care. Right Here.

Adult - For Internal Use:

Certifications: _____

Community Service? _____

ADULT VOLUNTEER SERVICES APPLICATION

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Date of Birth _____ Social Security # _____

Driver's License # _____ Photo Copy Yes No

Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Secondary Phone _____

Do you speak any foreign languages? No Yes- If yes, please list. _____

EMERGENCY INFORMATION

Emergency Contact _____

Relationship to you _____ Home Phone _____

Work Phone _____ Cell Phone _____

QUESTIONNAIRE

1. Why are you interested in volunteering? _____

2. Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)? No [] Yes [] – If yes, please describe the service requirements _____

Service Organization & Contact _____

Phone Number _____

3. Is there anything that may adversely affect your ability to perform volunteer work? No [] Yes [] – **If yes, please describe in detail** _____

4. Are there any accommodations needed in order for you to safely and competently perform volunteer work as requested? _____

5. Do you have any physical, visual or hearing needs we need to consider? No [] Yes [] – **If yes, please explain:** _____

6. Please check all areas that you are interested in working in the hospital:

- | | |
|---|--|
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Information Desk |
| <input type="checkbox"/> Reception-Lobby-Greeter | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Waiting Rooms/Visitor Areas |
| <input type="checkbox"/> Women's & Children Wing | <input type="checkbox"/> Education |
| <input type="checkbox"/> Communication-Mailings-Marketing | Other: _____ |
| <input type="checkbox"/> Senior Circle | _____ |
| <input type="checkbox"/> Healthy Woman | |
| <input type="checkbox"/> Hospital Events | |

EDUCATION & WORK EXPERIENCE

Education: Check highest level

High School: 9 [] 10 [] 11 [] 12 [] GED []

Name & State _____

College: 1 [] 2 [] 3 [] 4 [] Graduate School 1 [] 2 [] 3 [] 4 []

Degree/Major _____

Employment Experience:

Have you ever worked at a hospital? Yes [] No []

Last Place of Work – if any: _____

Business Name _____

Address _____ Phone _____

Position _____ Supervisor's Name: _____

REFERENCES:

Reference 1 Name: _____ Phone: _____

Relationship to you: _____ Business Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Reference 2 Name: _____ Phone: _____

Relationship to you: _____ Business Name: _____

Address: _____ City: _____ State: ____ Zip: _____

OTHER:

1. Have you ever been convicted of a felony? Yes [] No []

2. Have you ever been convicted of a misdemeanor? Yes [] No []

If 'Yes' to either question, please describe the conviction(s) in detail, including dates.

3. How did you hear about this volunteer program? _____

4. Do you hold any special medical or clinical certifications or licenses, or had medical training of any type? No [] Yes [] – Please list: _____

5. When can you start volunteering? _____

6. Check when you wish to volunteer. Each shift is 4 hours.

[] Monday _____ to _____

[] Tuesday _____ to _____

[] Wednesday _____ to _____

[] Thursday _____ to _____

[] Friday _____ to _____

[] Saturday _____ to _____

[] Sunday _____ to _____

Certification and Authorization

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of the Hospital.

I authorize the Hospital to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Name: _____

Date: _____