

PLACEMENT: \_\_\_\_\_

Orientation Date \_\_\_\_\_  
Health Screen Completed \_\_\_\_\_  
Name Tag \_\_\_\_\_  
Uniform \_\_\_\_\_  
Background Check \_\_\_\_\_

**APPLICATION FOR VOLUNTEER SERVICES**

NAME: \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Street

City

Zip

PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PRESENT STATUS: STUDENT \_\_\_\_\_ RETIRED \_\_\_\_\_ EMPLOYED \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

DUTIES \_\_\_\_\_

EDUCATION/TRAINING: Grades 8 9 10 11 12 College 1 2 3 4 (Please circle highest level attended)  
Name of School/College/University \_\_\_\_\_ Major \_\_\_\_\_

Graduate, Post Grad, Vocational, or other special training or Degrees \_\_\_\_\_

**EXPERIENCE:**

Volunteer Work Experience \_\_\_\_\_

Past Work Experience \_\_\_\_\_

**VOLUNTEER WORK OBJECTIVES:** (Why do you want to volunteer at Meriter Hospital?)

\_\_\_\_\_  
\_\_\_\_\_

**TIME COMMITMENT/AVAILABILITY:**

Approximately how long do you think you'll be with us? (3 months? Indefinitely, etc.?) \_\_\_\_\_

Preferred day and time to volunteer \_\_\_\_\_

WORK AREAS OF INTEREST: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**REFERENCES:** (Other than immediate family members)

1) \_\_\_\_\_  
NAME PHONE NUMBER RELATIONSHIP

2) \_\_\_\_\_  
NAME PHONE NUMBER RELATIONSHIP

**IN CASE OF EMERGENCY, NOTIFY** \_\_\_\_\_  
NAME PHONE NUMBER RELATIONSHIP

**ANY PHYSICAL LIMITATIONS? IF YES, PLEASE INDICATE:** \_\_\_\_\_  
(MERITER VOLUNTEER SERVICES NEEDS TO ASSESS SKILL LEVEL AND ABILITY OF ALL VOLUNTEERS TO ENSURE APPROPRIATE VOLUNTEER PLACEMENT)

**HOW DID YOU HEAR ABOUT MERITER?** \_\_\_\_\_

**ARE YOU VOLUNTEERING TO FULFILL A SCHOOL/CLASS REQUIREMENT OR NATIONAL HONOR SOCIETY REQUIREMENT? IF YES, WHAT IS THE REQUIREMENT?** \_\_\_\_\_

**ARE YOU BEING REFERRED TO DO COMMUNITY SERVICE OR RESTITUTION? IF SO, WHAT AGENCY?** \_\_\_\_\_

**NAME, TITLE, AND PHONE NUMBER OF THE PERSON WHO HAS REFERRED YOU**

**Have you ever been convicted of any law violation other than minor traffic violations? Criminal records will be checked on anyone placed in the hospital who has patient contact or access to patient records.**

Yes  No  If yes, please list the date and nature of offense.

**I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release Meriter Health Services from any liability whatsoever for supplying such information.**

**I understand that I will not be paid for my services as a volunteer.**

**I understand I must accurately and truthfully complete a criminal background check form and submit it to volunteer services prior to beginning to volunteer or at the time of my placement interview.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_