

STEPS TO VOLUNTEERING

Please read the following information carefully. It will explain the steps which must be completed prior to entering Volunteer Service at Memorial Hospital. In some cases, completion of all the necessary steps may take as long as a month or more. Any requirement may be more fully explained at the time of the personal interview.

COMMITMENT	Applicant must be 16 years of age, and have a serious intent to become a volunteer. Volunteers under the age of 18 years must complete a student application.
APPLICATION	Each applicant is asked to complete a written application form.
INTERVIEW Volunteer	A private interview is arranged at that time or by telephoning the Services Department 334-6609.
PHYSICIAN'S physician APPROVAL Volunteer Office is not necessary for the	A medical statement must be completed by the applicant's family to verify physical well-being and emotional stability. The Volunteer Office will mail this form to your physician to complete. It is not necessary for the new volunteer to have a physical exam by their physician.
ORIENTATION	An orientation packet is given to each new volunteer. The packet contains information regarding hospital policy and procedure. This packet must be read and signed by the volunteer.
TRAINING	Training of the volunteer assignment is provided on the job by an employee or a senior volunteer.
ASSIGNMENT contact. The select an of the volunteer.	Assignments are available throughout the hospital and may involve working with children or adults or require little or no patient contact. The Director of Volunteer Services works with the applicant to select an assignment which will best utilize the talents and interests of the volunteer.
EVALUATIONS	At the end of the first year and yearly there after, the volunteer has an opportunity to evaluate their job assignment. The department director also has an opportunity to evaluate the job assignment and the volunteer in that position.
BENEFITS utilize	The hospital furnishes an identification badge and a smock or vest which must be worn whenever a volunteer is on duty. When on duty, a volunteer is entitled to a meal, courtesy of the hospital, and the volunteer can utilize the hospital pharmacy.

**APPLICATION
FOR
VOLUNTEER SERVICES**

DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BIRTH DATE
(YEAR OPTIONAL): _____ HOME PHONE: _____ WORK PHONE: _____

IF PRESENTLY EMPLOYED, NAME OF FIRM: _____

POSITION: _____ WORK HOURS & DAYS: _____

CONTACT IN CASE OF EMERGENCY:

(NAME) (RELATIONSHIP) (HOME PHONE) (WORK PHONE)

FAMILY PHYSICIAN: _____

OUT OF TOWN ADDRESS: _____

HOW DID YOU BECOME INTERESTED IN OUR VOLUNTEER PROGRAM?

HAVE YOU VOLUNTEERED FOR THIS ORGANIZATION BEFORE? ____ YES ____ NO

EDUCATION: _____

VOLUNTEER EXPERIENCE: _____

WORK EXPERIENCE: _____

INDICATE HOBBIES/SKILLS/SPECIAL INTERESTS/FOREIGN OR SIGN LANGUAGE
SKILLS: _____

PLEASE GIVE ANY OTHER INFORMATION YOU FEEL PERTINENT TO YOUR
APPLICATION: _____

- OVER -

PERSONAL OR PROFESSIONAL REFERENCES (PLEASE EXCLUDE RELATIVES);

1. NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
2. NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

INTEREST/SKILLS: (Please indicate with a check mark which you would be willing to share as a volunteer here.)

Clerical Skills: _____ typing _____ filing _____ phone receptionist _____ using
copier _____ librarian

_____ record updating _____ numerical updating _____ computer _____ mailing _____ alphabetizing

Communication Skills: _____ public relations _____ tour guide _____

_____ foreign language _____ other (specify: _____)

Additional

Skills/Comments: _____

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY
KNOWLEDGE.

SIGNATURE: _____ DATE: _____

YOUR SIGNATURE INDICATES YOUR APPROVAL FOR US TO CHECK REFERENCES
AND CONTACT YOUR PHYSICIAN REGARDING YOUR PHYSICAL AND EMOTIONAL
HEALTH. YOUR SIGNATURE DOES NOT OBLIGATE THE ORGANIZATION TO
PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION
OFFERED.

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE, SEX OR DISABILITIES.