



Morton General Hospital

(Please Print)

Volunteer Services Application

Date _____

Last Name First Name Mid. Initial Birthdate

Mailing Address City Home Phone Cell Phone

Street Address (if different from mailing) City E-Mail

Are you a year-round resident? ___ Yes ___ No. If not, what months are you available? _____

EDUCATION: _____ High School _____ College _____ Post-Graduate _____

Degree, license or certification and date: _____

If you are currently a student, list school name and grade _____

WORK EXPERIENCE:

Type of work _____ Number of years employed: _____

Current or last place of employment _____

VOLUNTEER EXPERIENCE:

Please list any hobbies, skills or interests that you think might be of value in your volunteer service:

AVAILABILITY:

Days of the Week: _____

Mornings

Afternoons

Evenings

Do you have a particular interest in the hospital? For example—Gift Shop? Office Work? Patient Interaction?

IN CASE OF EMERGENCY — NOTIFY

Name: _____ Relationship: _____

Address: _____ Home phone: _____

Work phone: _____

Physician: _____ Phone: _____

HEALTH:

Please list any physical limitations that would prevent you from performing certain volunteer duties (walking, lifting, bending, etc.) _____

Do you know anyone presently employed or volunteering at Morton General Hospital? ____ Yes ____ No

If so, please list names: _____

REFERENCES—Please do not list physicians or relatives:

1. _____
Name Telephone

2. _____
Name Telephone

POLICIES

Are you aware that this is a non-smoking facility? If you are a smoker, you will be required to follow the guidelines set by Morton General Hospital. Are you willing to follow these guidelines and policies?

Circle one: **Yes** **No**

As a Volunteer, you are representing Morton General Hospital. Are you willing to follow the dress code policy as it relates to the Volunteer position? Circle one: **Yes** **No**

The tuberculosis control program at Morton General Hospital requires obtaining a TB skin test on all new employees and volunteers. This is done on site. Do you understand this requirement? Circle one: **Yes** **No**

You will be required to attend volunteer hospital orientation. This orientation will be mandatory for all active volunteers. With proper notice, will you be able to meet this requirement? Circle one: **Yes** **No**

All employees and volunteers are required to pass a background check prior to working in the hospital. Do you understand this requirement? Circle one: **Yes** **No**

As a volunteer, you are giving of your time freely and without compensation. The position of volunteer does not constitute employment and does not guarantee future employment opportunities at MGH. Do you understand? Circle one: **Yes** **No**

I authorize investigation of all statements contained in this application. All information given on this application will be considered confidential.

Prospective Volunteer Signature

Date