



## Effingham Health System Volunteer Application

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**Frequency/Availability with which you wish to volunteer:** (Circle all that apply)

Weekly / Bi-weekly / Bi-Monthly / Monthly / Other \_\_\_\_\_

Time of day: AM / PM Specific Hours: \_\_\_\_\_

Day(s) of the week: Mon / Tues / Wed / Thurs / Fri / Saturday / Sunday

Number of hours: \_\_\_\_ per day \_\_\_\_ per week \_\_\_\_ per month \_\_\_\_ per year \_\_\_\_ other

Provide at least three personal or professional references. You may provide references who are friends, neighbors, acquaintance from church or community organizations, previous coworker, employer, or other. Please utilize individuals that are most likely to be available via phone during regular business hours.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Areas of Service:** (Check all that apply)

\_\_\_\_ Gift Shop – Retail sales in the hospital gift shop

\_\_\_\_ Beauty Shop- shampoo, cut, style hair; polish nails

\_\_\_\_ Care Center (Check all that apply)

\_\_\_\_ Assist with games; i.e. bingo

\_\_\_\_ Read to residents

\_\_\_\_ Assist with craft projects, watercolors, other

\_\_\_\_ Group discussions (current events, bible study, book club)

\_\_\_ Assist/accompany residents with a walk, i.e. wheel chair stroll into EHS garden area

\_\_\_ Assist with holiday/special occasion decorating, buffet dinners, parties

\_\_\_ Assist activity director/staff with clerical work, bulletin boards, stocking supplies

\_\_\_ Other – (Specify) \_\_\_\_\_

Note any additional experience/skills you may have that would help determine an appropriate and rewarding volunteer assignment for you, i.e, clerical skills, fundraising ability, retail sales experience, artist, musician, church or club officer, experience with crafts, gardening, teaching, other.

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

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_

If yes, when, where and what was the nature of the offense?

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

*I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for denied volunteer privileges. I authorize Effingham Health System to investigate all statements contained in this application and authorize previous employers or others to release information concerning my previous employment and any other pertinent information they may have, personal or otherwise, without liability for any damage incurred in giving it. If offered volunteer privileges; I agree to conform to the rules and regulations of the hospital. I understand that volunteer privileges can be terminated at any time, at the option of either the hospital or myself, with or without cause, and with or without notice.*

Applicant Signature: \_\_\_\_\_

**\*\*Return completed application to Effingham Health System Human Resources Department\*\***

\*\*\*\*\*EHS STAFF COMPLETE\*\*\*\*\*

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Auxiliary President

Are EHS Auxiliary dues included with this application? Yes/No \_\_\_\_\_

\_\_\_ \$5 active member (requirement of 50 hours annually)

\_\_\_ \$10 associate membership (no Minimum volunteer requirement)

Handbook \_\_\_

Uniform \_\_\_

Badge \_\_\_

Parking \_\_\_\_\_