BLESSING
Volunteer Services

Application for Volunteer Service

Referred by: _____

1. Name: (Mr. Mrs. Miss)_____
   (last name)　　　　　　　　**(first name)**　　　　　　**(middle initial)**

2. Date of birth:_____ 3. Home phone:_____

4. Address:_____
   (Street, City, State and Zip Code)

5. Email: _____

6. Present or previous occupation:_____ 7. Work phone:_____
   (if applicable)

8. Prior service or work experience:_____

9. Do you participate in other community volunteer activities?:_____

10. Please list the name and phone number of someone we can call for a reference: _____

_____

11. Please note any skills or special interests you have that you would be willing to share on an on-call basis:

____ Computer/Data Entry　　　____ Office Staff Relief　　　____ Video Taping/Photography

____ Piano/Singing　　　　　　____ Special Projects　　　　____ Other _____

12. Services preferred - check all in which you have an interest:

   (PLEASE NOTE: A fingerprint background check is required of all new volunteers; a TB test is recommended.)

____ 3rd Floor Reception Area	____ Community Outreach Clinic	____ Quincy Hospitality House
____ Blessed Beginnings	____ Emergency Department Advocates	____ Rehabilitation Unit
____ Blessing Health Center	____ Information Desk Escort	____ Shuttle Driver
____ Blessing Hospice	____ Intensive Care Host/Hostess	____ Skilled Nursing Unit
____ Blessing Surgery Center of Quincy	____ Knitting/ER Bears	____ Sleep Center
____ Cancer Center	____ Mail Messengers	____ Staff Support/Special Projects
____ Cardiovascular Unit Host/Hostess	____ Men's Escort Network	____ Stuffmasters
____ Child Care Center	____ Patient Mail/Flower Delivery	____ Surgical Host/Hostess
____ Communion Minister	____ Patient Library Service	____ Tea Room/Gift Shop

13. Days and hours preferred: (please circle)　Mon　Tues　Wed　Thur　Fri　Sat　Sun

   A.M. (8:00 a.m. to Noon)　　　P.M. (Noon to 4:00 p.m.)　　Evening (4:00 p.m. to 8:00 p.m.)

14. Person to call in the event of an emergency:_____

Address:_____ Phone:_____

I realize my service as a volunteer is a valuable contribution that directly affects patient care at Blessing Hospital. I understand the importance of attending the general orientation course and will do everything in my power to appreciate the subjects of medical ethics and general safety. I will keep all patient information confidential. I understand that a background check will be processed. I have read and understand the I CARE Standards on the back of this application.

Date:_____ **Signature:**_____