

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: _____ Last 4 #'s of Social Security: _____
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 Recording/Photography |
| ___ Piano/Singing | ___ Special Projects | ___ Other _____ |

12. Services preferred - check all in which you have an interest:
(PLEASE NOTE: A fingerprint background as well as several screenings/vaccines are required.)
- | | | |
|---------------------------------------|------------------------------------|---------------------------------------|
| ___ 4800 Maine Greeter & Assistant | ___ Central Services | ___ Office Coverage/Staff Support |
| ___ Animal Assisted Activities | ___ Child Care Center | ___ Patient Flower/Mail Courier |
| ___ Blessed Beginnings | ___ Community Garden | ___ Patient Recreation Activities |
| ___ Blessing Cancer Center | ___ Communion Minister | ___ Quincy Hospitality House |
| ___ Blessing Cancer/Infusion | ___ Crocheting, Knitting, Sewing | ___ Safety Volunteer |
| ___ Blessing Foundation | ___ Emergency Department Advocates | ___ Shuttle Driver |
| ___ Blessing Health Center Lobby | ___ Intensive Care Host/Hostess | ___ Special Projects |
| ___ Blessing Hospice | ___ Lobby Live Performer | ___ Stuffmasters (Assembling Packets) |
| ___ Blessing Surgery Center of Quincy | ___ Messenger & Escort Network | ___ Surgical Host/Hostess |
| ___ BRCN Receptionist | ___ Nurse Server Replenisher | ___ Tea Room/Gift Shop |
| | | ___ Wheelchair Coordinator |

13. Days available: _____
 Hours available: _____
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 or indirectly affects patient care at Blessing Hospital. I understand the importance of attending the general orientation course and will make efforts to attend reorientation opportunities. 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: _____

FOR OFFICE USE ONLY	ORIENTATION: _____ <small>MO/YR</small>	BEGAN SERVICE: _____ <small>MO/YR</small>	RECEIVED NAME TAG: _____ <small>MO/YR</small>
	AREA ASSIGNED: _____		
	COORDINATOR: _____	COMPUTER: _____	TYPE: _____