



Ball Memorial Hospital

Volunteer Application

Date Received: _____

Interview Date and Time: _____

Last Name First Name Middle Name

Mr. Ms. Mrs. Miss Dr. _____ Preferred name: _____

HOME ADDRESS

Street Address Apt. Number

City State Zip Code

Is anyone else at this address already a volunteer here? No Yes

If yes, what is their name? _____

Have you ever served as volunteer with us before? No Yes If yes, in what year(s)? _____

Daytime Phone Number (_____) _____ Home Business Cell Pager

Other Daytime Phone Number (_____) _____ Home Business Cell Pager

E-Mail Address: _____

In case of an emergency contact: _____

TEEN VOLUNTEERS (14-17 years of age)

School Name: _____ Year of Graduation _____ Grade: 8 9 10 11 12

As a parent/guardian I consent to let Ball Memorial Hospital administer a TB skin test (Mantoux) to my son/daughter _____ Date _____ Phone _____

PERSONAL INFORMATION

Why do you want to volunteer? _____

How did you find out about our volunteer program? _____

If you are a college student, what is your major or field of study? _____

AVAILABILITY

Please write below the earliest and latest times when you might choose to volunteer at Ball Memorial Hospital.

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
From: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	From: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	From: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	From: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	From: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	From: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
To: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	To: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	To: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	To: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	To: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	To: _____ <input type="checkbox"/> am <input type="checkbox"/> pm

PREFERENCES

Tasks I believe I would like to do:

- Patient Contact Greeters/Escorts Clerical Cancer Center Boutique
- General Errands Wheelchair Transport Gift shop Deliver Flowers and Cards to Patients
- Hospice Pastoral Care No Patient Contact

PERSONAL REFERENCES:

Do NOT list relatives or former employers:

Name Address City/State/Zip Phone # Yrs. Known

Name Address City/State/Zip Phone # Yrs. Known

JOB, VOLUNTEER OR COMMUNITY SERVICE EXPERIENCE:

List below most recent employment or volunteer experience.

Be sure to include previous employment with Ball Memorial Hospital and any military experience.

MAY WE CONTACT YOUR CURRENT EMPLOYER AT THIS TIME IF WE WISH? Yes No

Name and Address From Mo./Yr to Mo./Yr

Reason for Leaving

Position(s) Held Type of Business

Immediate Supervisor's Name and Title

CERTIFICATE OF APPLICANT: PLEASE READ CAREFULLY

The facts contained in this application for volunteer work are true and complete. I understand that if I become a volunteer, any false statements on this application will be cause for release from the program.

I authorize Ball Memorial Hospital to contact my current and/or former employers or volunteer agencies and any other person who may have information bearing on my suitability for volunteer work. I authorize such employers, volunteer and police agencies to release information to Ball Memorial Hospital pertaining to my qualifications, past work experience, work performance, employment status, character, behavior and any other information related to my work history and/or suitability for volunteering. I agree that all questions asked and information released in good faith shall be privileged, and I expressly release Ball Memorial Hospital, such employers, such other persons and any of their authorized representatives from any and all liability arising from questions asked, information released, or statements made in good faith.

AGREEMENT: I agree to adhere to the Code of Conduct of the Volunteer Department of Ball Memorial Hospital.

Signature: Date:

APPLICATION PROCESS CHECK SHEET FOR VOLUNTEER OFFICE STAFF:

- Interview appointment scheduled for
Interview completed
Confidentiality Waiver signed
Orientation scheduled for
Volunteer assigned to
First day on the job training
Handbook given
TB test completed
Reference checked
Criminal background check recorded
Smock/jacket/shirt given
Name badge issued
File recorded in computer
Birthdate

VOLUNTEER EXIT CHECKLIST:

- Exit interview given
Termination recorded in computer
Smock and name badge returned
Application and archived