



Volunteer Application

Thank you for your interest in the Auxiliary and/or volunteer opportunities at Deaconess. Please inform the Volunteer Services/Community Relations Department if you need assistance during the application process. This application may not be considered unless completed in full. The submission of this application does not automatically result in an interview or an offer to join the Auxiliary and/or Volunteer Services. Upon completion of this application, please call the Volunteer Services office at 812-450-3441 to schedule an interview.

PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____
(Please print.)

Address: _____
(Street, City, State, Zip)

Social Security No.: _____ Phone No.: _____

E-mail Address: _____ Are you age 18 or older? Yes No

AREAS OF INTEREST *(Check all that apply.)*

- Child care
- Clerical duties in patient care area
- Flower delivery
- Information desk
- Newspaper delivery
- Sterile supply delivery
- Clowning
- Gift shop
- Library
- Patient mail delivery
- Other: _____
- Clerical duties in administrative office
- Crafts (sewing, quilting, crocheting, etc.)
- Greeter
- Mended Hearts
- Patient visitor

LOCATION PREFERRED

- Mary Street campus
- Gateway campus
- Other: _____

AVAILABILITY *(Check all that apply. NOTE: Only the gift shop and Sterile Supply are available for evening and weekend assignment.)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you make a commitment to volunteer a minimum of 50 hours per year? (Most assignments are 2-4 hours per week, and many volunteers do not volunteer during the months of June and July.)

- Yes No

BACKGROUND INFORMATION

Current or most recent employer: _____

Address: _____

Dates of employment: _____ Occupation: _____

Prior experience as a volunteer: _____

Special training, skills, or abilities: _____

Have you ever been convicted of a crime, excluding minor traffic violations? Yes No
If yes, please list the citation, date, court, and place where the offense occurred. PLEASE NOTE: A conviction does not necessarily disqualify you from consideration for volunteering. Please explain thoroughly so that an informed decision can be made.

Why would you like to volunteer at Deaconess? _____

How did you learn about our volunteer program? _____

REFERENCES (*Individuals who have known you for at least one year and are not a relative.*)

Name	Address	Daytime Phone	Years Known
1.			
2.			
3.			

READ CAREFULLY AND SIGN

I voluntarily authorize Deaconess to make a thorough pre-selection investigation, including a limited criminal history background check. I understand that I have the right to obtain a copy of that report at my own expense and to challenge any information in it that I believe to be inaccurate. I hereby authorize former and present individuals/organizations/companies to provide or verify any information they have regarding me, my employment, or my membership in any group listed in this application and release them from any liability for furnishing such information to Deaconess. I understand that my selection is contingent on satisfactory outcomes of reference and background checks. I further understand that as a volunteer I am not eligible for and have no expectation of receiving compensation or benefits.

All information in this application is true and complete. I understand that if I am selected, false statements on this application and post-selection documents shall be considered sufficient cause for dismissal. If selected, I agree to abide by the policies, procedures, and rules of Deaconess and the Volunteer Services/Community Relations Department. I further agree to protect the confidentiality and privacy of any information regarding Deaconess, its patients, its employees, and fellow volunteers.

Applicant signature: _____ Date: _____

Volunteer Health Inventory

Name: _____ Date of Birth: _____
(Please print.)

PLEASE CHECK THE FOLLOWING THAT APPLY TO YOU:

_____ Latex Allergies

_____ Other Allergies: (please list):

Do you have a medical condition that could be a safety hazard to you or others?

Yes No

If yes, explain the nature of the medical condition: _____

Do you have any contagious diseases? Yes No

If yes, explain the nature and duration of illness: _____

Have you been immunized against or diagnosed with any of the following?

Rubella Yes No
Mumps Yes No
Hepatitis A Yes No

Measles Yes No
Chickenpox Yes No
Hepatitis B Yes No

Notify in Emergency: _____ Phone: _____

Family Physician: _____ Phone: _____

I hereby certify the above information is true and correct to the best of my knowledge.

(Signature)

(Date)