



Volunteer Services
Faith Regional Health Services
 402-644-7529

Volunteer Application

Date: _____

Personal Information

Last Name		First Name		MI
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	Preferred Name	Cell Phone	Home Phone
Current Address			Date of Birth (year not required)	
City		State	Zip	
E-mail Address		Due to requirements of different volunteer positions please indicate your age range: <input type="checkbox"/> 14-15 years <input type="checkbox"/> 16-18 years <input type="checkbox"/> 19+ years		
Emergency Contact Person	Relationship		Phone Number	

Education, Employment and Volunteer Experience

Current Employer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Phone Number
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School	Expected date of Graduation (if applicable)	
Career Objectives	Yo Hablo Español? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hobbies, Skills or Special Interests		

Previous Volunteer or Paid Employment Experience			
<u>Name of Company</u>	<u>Job Duties</u>	<u>From - To</u>	<u>Reason for Leaving</u>

Have you Volunteered at FRHS in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, What Position?	When?
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Skills/Preferences (check all interests)

Availability

<input type="checkbox"/> Information Desk <input type="checkbox"/> Cafeteria <input type="checkbox"/> Gift Shop	<input type="checkbox"/> Office Position <input type="checkbox"/> Hospice <input type="checkbox"/> Surgery Waiting	Please check the boxes for the days and times you are most often available to volunteer. <table border="1"> <thead> <tr> <th></th> <th>S</th> <th>M</th> <th>T</th> <th>W</th> <th>Th</th> <th>F</th> <th>Sa</th> </tr> </thead> <tbody> <tr> <td>Morning</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Afternoon</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Evening</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		S	M	T	W	Th	F	Sa	Morning								Afternoon								Evening							
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<i>Hospice only, please indicate where you are willing to volunteer:</i> <input type="checkbox"/> Norfolk <input type="checkbox"/> Madison <input type="checkbox"/> Tilden <input type="checkbox"/> Battle Creek <input type="checkbox"/> Pierce <input type="checkbox"/> Winside <input type="checkbox"/> Pilger <input type="checkbox"/> Wisner <input type="checkbox"/> Tilden <input type="checkbox"/> Meadow Grove <input type="checkbox"/> Plainview <input type="checkbox"/> Hoskins <input type="checkbox"/> Stanton <input type="checkbox"/> Randolph <input type="checkbox"/> Humphrey																																		
<input type="checkbox"/> Nursing Home <input type="checkbox"/> In Home																																		
Comments:																																		

Other Information

Have you ever pled guilty to, or have you ever been convicted of a crime other than a minor traffic offense? Disclose ALL misdemeanors and felonies (including DUI, MIP, etc. but not minor traffic offenses). A conviction will not necessarily disqualify an applicant from volunteerism. However, omitting information or failure to disclose may disqualify you from consideration.

Yes No If yes, please explain:

Are you currently on any registry or have been registered by any department of Health and Human Services, or the like type of department or agency for activities involving another adult or child??

Yes No If yes, please explain:

Do you need verification of your FRHS volunteer hours for a requirement?

Yes No If yes, please explain:

Are you interested in more information on the FRHS Volunteer Scholarship program? Yes No

What are your higher education plans/goals?

How did you hear about volunteer opportunities at FRHS?

Please list 3 personal references:

Name

Phone Number

Relationship

Volunteer Statement: I wish to donate my services to Faith Regional Health Services and understand there is no payment for services rendered as a volunteer at Faith Regional Health Services. I understand that the Faith Regional Health Services Volunteer Services or Marketing Department may take photographs of me for publications or other uses. I agree to abide by the rules, regulations, and policies of the Faith Regional Health Services department in which I serve and Volunteer Services. I further understand confidentiality must be maintained concerning patient and family information. I understand that if I do not abide by Faith Regional Health Services department in which I serve/Volunteer Services Department rules, regulations, or policies, that I will be terminated from the volunteer program and it may result in legal action. I authorize the Volunteer Services Department staff to investigate all statements made in this application and to contact any paid employer or volunteer agency listed and, if necessary on my placement, perform a background check. I agree to provide a two-week notice of service resignation.

I am at least 14 years of age or older to volunteer in the Hospital. I am at least 19 years of age or older and have a valid driver's license in order to volunteer in Hospice.

Volunteer Signature: _____ Date: _____

If applicant is under 19 years of age parental consent is required:

I give permission that, _____, may volunteer at Faith Regional Health Services, accepting all rules, regulations, and policies.

Parent Signature: _____ Date: _____