



Date: _____

ADULT VOLUNTEER APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____

Were you referred by someone? Yes No

If someone referred you, what is their name? _____

How did you hear about our program? (Check all that apply)

Newspaper Friend Speaking event/booth Internet
 Brochure Church Other _____

Are you currently employed? Yes No May we contact you at work? Yes No
Employer _____

Position _____ Phone _____

Have you had volunteer experience? Yes No

Previous volunteer experience _____

Hobbies, Interests, Work Experience, Educational Background _____

Have you ever been convicted of a crime? ___ If yes, please explain what, when, where and the disposition of the case _____

In case of an emergency, who should we notify?

Name _____ Phone _____

Relationship to you _____

Physician's Name _____ Phone _____

Personal References:

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Please Indicate Time Available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

How often Available? Once a Week Twice a Week Other _____

Interests/Skills (Please indicate with a check mark which you would be willing to share as a volunteer)

- | | |
|--------------------------------------|---------------------------------------|
| ___ Greeting People | ___ Women's Center |
| ___ Delivering Flowers | ___ Gift Shop |
| ___ Patient Escort/Transport service | ___ Visiting Patients |
| ___ Information Desk | ___ Walking/ Cardiac Program |
| ___ Librarian/ Magazine Distributor | ___ Chaplain |
| ___ Phone Receptionist | ___ Children's Tours/ Puppet Teaching |
| ___ Copying | ___ Computer |
| ___ Typing/Filing | ___ Center for Cancer Care |
| ___ Hospice Care | ___ Emergency Room |
| ___ Lifeline | ___ Mailings/General Clerical |
| ___ Red Coat | ___ Special Projects |

Other _____

Additional Skills/Interests _____

Are there any work activities or conditions you must avoid?

I agree to honor the policies and Mission of Goshen Health System and the Department of Volunteer Services. You have my permission to conduct a background check, check all references, and administer a T.B. test. (The Indiana Board of Health has mandated that all volunteers be tested for tuberculosis, which is paid for by the Goshen Health System.)

Signature

Date

Return Application to:

**Jennifer Haney, Director of Volunteer Services
Goshen General Hospital
200 High Park Avenue
Goshen, IN 46526
(574) 535-2633**