

**OFFICE USE ONLY**

- ☐ Interview
- ☐ Orientation
- ☐ Confidentiality Statement
- ☐ Data Entry
- ☐ Corporate Mailing List

- Address Card ☐
- Welcome Letter ☐
- Handbook Received ☐
- Name Tag ☐
- Health Release ☐

ADULT VOLUNTEER APPLICATION FORM

This application must be completed in its entirety.

Date _____

PERSONAL DATA

Name _____

Last

First

Middle

Date of Birth _____ Social Security Number _____

Month

Day

(Year Optional)

Address _____ Zip _____

Home Phone _____ Work Phone _____

E-mail Address _____ Alternative Number _____

Spouse's Name _____

In case of an emergency, notify: Name _____ Relationship _____

Home Phone _____ Work Phone _____

Have you ever been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation? If yes, explain:

PERSONAL REFERENCES

List two personal references who **are not** related to you. **Do Not** list former employers:

(name) (address) (phone) (company/relationship) (yrs. known)

(name) (address) (phone) (company/relationship) (yrs. known)

SCHEDULE (Check the day(s) when you are available to do volunteer work.)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

HOURS (Please check) ☐ Morning 8 - 12 ☐ Afternoon 12 - 4 ☐ Evenings 4 - 8**FREQUENCY** (Please check) ☐ Weekly ☐ Biweekly ☐ Monthly**TRANSPORTATION**

Do you have a current Indiana Driver's License? ☐ Yes ☐ No

Do you have your own transportation? ☐ Yes ☐ No

PHYSICAL and MEDICAL BACKGROUND

Do you have a condition which would prevent you from performing the essential functions of your Volunteer Service position? ☐ Yes ☐ No If yes, explain _____

Family Physician _____ Phone _____

JOB, VOLUNTEER, OR COMMUNITY SERVICE EXPERIENCE

List below all present and past employment or volunteer experience beginning with your most recent. Be sure to include previous employment with St. Vincent Anderson and any military experience.

EMPLOYMENT HISTORY - Present Position First And Your Name During Employment

COMPANY	FROM	TO	TITLE AND DUTIES	SUPERVISOR'S NAME	REASON FOR LEAVING
	MO	YR			
NAME					
STREET					
CITY/STATE ZIP PHONE				Your Name At That Time	
NAME					
STREET					
CITY/STATE ZIP PHONE				Your Name At That Time	

COMMUNITY AFFILIATIONS

NATURE OF VOLUNTEER WORK

SUPERVISOR'S NAME

NAME	FROM	TO	NATURE OF VOLUNTEER WORK	SUPERVISOR'S NAME
	MO	YR		
NAME				
STREET				
CITY/STATE ZIP PHONE				Your Name At That Time

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	DATES ATTENDED		LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE REC'D.	SUBJECT OF SPECIALIZATION
		FROM	TO				
HIGH SCHOOL							
COLLEGE/ UNIVERSITY							
NURSING SCHOOL							
SPEC. TRAINING/ TECH. SCHOOL							
OTHER EDUCATION							

PROFESSIONAL LICENSURE INFORMATION (If Applicable)

STATES REGISTERED

LICENSE NUMBER

DATE ISSUED

EXPIRATION DATE

Has your registration ever been cancelled? ☐ Yes ☐ No

If Yes, explain _____

SERVICE SKILLS

Are there any experiences, skills or qualifications which you feel would especially fit you for volunteer work with St. Vincent Anderson? If yes, please check those below that apply/or write in specific skills:

HEALTH CARE SKILLS

- ☐ RN
- ☐ LPN
- ☐ PA, QMA, EMT
- ☐ CPR/First Aid Trained
- ☐ Medical Terminology
- ☐ Other (Specify) _____

OTHER

- ☐ Fundraising
- ☐ Tour Guide
- ☐ Manning Booths
- ☐ Community Events
- ☐ Chaplaincy Services
- ☐ Special Functions
- ☐ Ticket Sales

HANDI SKILLS

- ☐ Carpentry
- ☐ Plumbing
- ☐ Electrical
- ☐ Heating/Cooling
- ☐ Architecture/Engineering
- ☐ General Contractor
- ☐ Painting/Plastering
- ☐ Gardening/Yard Work

Do you prefer to work:

- ☐ One on One
- ☐ Small Groups
- ☐ With Children (specify ages)_____
- ☐ With older Adults

CLERICAL

- ☐ Cash Register
- ☐ Calculator
- ☐ Receptionist, Hostess
- ☐ Typing
- ☐ Word Processing
- ☐ Filing
- ☐ Mailroom
- ☐ Transporting Materials
- ☐ Bookkeeping
- ☐ Wheelchair Transport
- ☐ Library

Additional information or comments:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

CERTIFICATE OF APPLICANT

PLEASE READ CAREFULLY

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

I authorize St. Vincent Anderson 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 further understand that a criminal history check may be completed in compliance with Indiana law. I authorize information to St. Vincent Anderson 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 St. Vincent Anderson, such employer, 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 my volunteer responsibilities as stated in the Volunteer Handbook.

Signature: _____ Date: _____

All volunteers working at St. Vincent Anderson are requested to have annual tuberculosis tests provided free of cost by our Associate Health Nurse. If you had a chest x-ray or TB test within the past 12 months, please list date:

FOR INTERVIEW INFORMATION

Date called for appointment _____ Date of appointment _____ Time _____

Position to train for _____

When to start: Date _____ Time _____