

Volunteer Services Faith Regional Health Services

402-644-7529

Volunteer Application

Date: _____

Personal Information												
Last Name		F	First Nam	e						MI		
Ms. Mr. Pref	ferred Nam	ne	Cell	Phone			Home F	Phone				
Current Address					Date of Birth (year not required)							
City Stat			e	Zip								
			.									
			our age range:	e to requirements of different volunteer positions please indicate ur age range: 14-15 years 16-18 years 19+ years								
Emergency Contact Person Relationship		ip	Phone			Number						
Education, Employment and Volunteer Experience												
Current Employer				Full Time Part Time		none Number						
May we contact you at work?			Are you a stud	lent?	🗌 Yes 🗌 No							
School Expected date of Graduation (if applicable)												
Career Objectives							Yo Hab	lo Espa	añol?	□ Y	es 🗌] No
Hobbies, Skills or Special Intere	ests											
Previous Volunteer or Paid Emp	plovment E	xperience										
Previous Volunteer or Paid Emp Name of Company		xperience Duties		<u>From</u>		<u>To</u>			Re	ason f	or Lea	aving
	Job	<u>Duties</u>	No	<u>From</u> If yes, W				Wł	<u>Re</u> nen?	ason f	or Lea	<u>aving</u>
Name of Company	Job in the pas	Duties	No			ition?	Availa		nen?	ason f	or Lea	aving
Name of Company Name of Company Have you Volunteered at FRHS Skills/Preferences Information Desk	in the pass S (check a	Duties Duties t? Yes Il interests) e Position	No	If yes, W Please che	hat Pos eck the	ition?	for the	bility e days	nen?	imes	or Lea	aving
Name of Company Have you Volunteered at FRHS Skills/Preferences	in the pass S (check a Office Hospi	Duties Duties t? Yes Il interests) e Position	No	If yes, W	hat Pos eck the	ition?	for the	bility e days	nen?	imes	For Lea	aving Sa
Name of Company Name of Company Have you Volunteered at FRHS Skills/Preferences Information Desk Cafeteria	in the pass S (check a Office Hospi	Duties Duties t? Yes Il interests) e Position ce	No	If yes, W Please che	hat Pos eck the nost oft	ition? e boxes en ava	for the	bility e days o volu	nen? s and t inteer.	imes		
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Name of Company Have you Volunteered at FRHS Skills/Preferences Information Desk Cafeteria Gift Shop Hospice only, please indicate Volunteer: Norfolk	in the pass S (check a Office Hospi Surge <i>se where y</i> Tilden	Duties Duties	ing to	If yes, W Please che you are m Mornin Afterno Evenin	hat Pos eck the nost off ng pon	ition? e boxes en ava	for the	bility e days o volu	nen? s and t inteer.	imes		
Name of Company Have you Volunteered at FRHS Skills/Preferences Information Desk Cafeteria Gift Shop Hospice only, please indicate Volunteer: Norfolk Madison Pierce	in the pass S (check a Office Hospi Surge <i>se where y</i> Tilden	Duties Duties	<i>ing to</i> ⊴Tilden	If yes, W Please che you are m Mornin Afterno	hat Pos eck the nost off ng pon	ition? e boxes en ava	for the	bility e days o volu	nen? s and t inteer.	imes		

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: