



OSF[®]

SAINT ANTHONY'S HEALTH CENTER

Adult Volunteer Application

Last Name First Middle Home Phone Cell Phone

Address City State Zip

Birth Date _____ Driver's License # _____

E-Mail Address _____ Social Security Number _____

Person to call in event of emergency: _____

Relationship _____ Address _____

Home Phone _____ Business Phone _____

Education/Work Experience

How were you referred to OSF Saint Anthony's?

Please list recent volunteer experience: _____

Please list current or former employment _____

Why do you want to volunteer?

Skills/Interests

Please include any skills, languages, hobbies, special interests:

Volunteer Availability

Volunteer shifts are 3 to 4 hours according to the department need. Volunteers are asked to make a commitment of one shift per week for a minimum of 6 months to 1 year.

When are you available?

Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8 am – 12 pm							
12 pm – 4 pm							

Please check the service areas you are interested in:

- | | |
|---|--|
| <input type="checkbox"/> Surgery Waiting Room | <input type="checkbox"/> Escort |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Community Relations |
| <input type="checkbox"/> Information Desk | <input type="checkbox"/> Office or Clerical |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other _____ |

Please list 2 people, not related to you, that we may contact for personal references:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

The statements I have made in this application are correct to the best of my knowledge. If I am accepted as a volunteer, I agree to conform to all the rules and regulations of OSF Saint Anthony's Health Center of Alton, Illinois. I understand that if I have made false statements on this application shall be considered sufficient cause for dismissal. I also acknowledge that any misrepresentations or omission of facts may result in rejection of the application as well.

I hereby authorize OSF Saint Anthony's Health Center to thoroughly investigate my background, references, employment record and other matters related to my suitability for volunteering, character, past employment record and other matters which the Health Center may deem relevant to a decision as to whether to allow me to volunteer. I understand that OSF Saint Anthony's Health Center is not obligated to provide placement and you are not obligated to accept a position if one is offered.

Thank you for your interest in volunteering with OSF Saint Anthony's Health Center.

Signature _____ Date _____

Referred by: _____