



SAINT ANTHONY MEDICAL CENTER

Adult Volunteer Application

Name _____ Date _____

(Last) (First) (Middle)

Address _____

(Street) (City, State, Zip)

Home Phone _____ Birth Date _____

Cell Phone _____ E-mail Address _____

Spouse's Name _____ [] N/A

Education/Work Experience

Please check all of the following, which best describes your work/school experience:

College (circle): Graduate / Full time / Part time
Name of institution _____
Major/Career Interest _____
Graduation or anticipated graduation date _____

Employed (circle): Full time / Part time
Employer _____ Work Phone _____
Position _____ How Long? _____

Unemployed (circle): Retired / Out of the workforce
Retired/Past Employer _____ Position _____

Other work experience (paid or volunteer) _____

Why do you want to volunteer? _____

How did you hear about OSF Saint Anthony Medical Center?

Self Website/Internet OSF Volunteer OSF Employee

OSF Patient Volunteer Fair School Advisor Physician

Other (please specify) _____

Skills/Interests

Please indicate any skills, languages, hobbies, special interests. _____

Conviction Records

Yes No Have you ever pled guilty to or been convicted of a crime other than a minor traffic offense? This does not include minor traffic violations or convictions that have been sealed or expunged.

If yes, please explain: _____

Volunteer Availability

Volunteer shifts are 3 – 4 hours scheduled according to the department need. Volunteers are asked to make a minimum commitment of one shift per week for 1 year. Please check your availability:

Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8 am – 12 pm	n/a						
12 pm – 4 pm							
4 pm – 7 pm	n/a						n/a

Volunteer Jobs (Please number in order of preference)

- _____ Information Desk
- _____ Patient Care Areas
- _____ Shuttle
- _____ Surgical Waiting Room
- _____ Clerical

Are there any physical conditions that we should be aware of prior to assigning you to a volunteer position? _____

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information on this application is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for a volunteer position and may result in discharge even if discovered at a later date.

I understand that as part of the application process, that a criminal background check may be conducted. I understand that OSF Saint Anthony Medical Center is not obligated to provide placement, nor are you obligated to accept a position if one is offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

Signature _____ Date _____

Send your completed application to:

OSF Saint Anthony Medical Center
Volunteer Services
5666 E. State St.
Rockford, IL. 61108
Fax: (815) 227-2165
Phone: (815) 395-5064