



# VOLUNTEER APPLICATION CENTER FOR HEALTH STREATOR

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**Address:** \_\_\_\_\_  
(Street) (City) (Zip)

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(Month) (Date) (Year)

### **Education/Work Experience:**

Please check all of the following boxes that apply to your work/educational background:

College (circle one): Graduate Full time Part time  
Name of institution \_\_\_\_\_ Major \_\_\_\_\_  
Graduation or anticipated graduation date \_\_\_\_\_

Employed (circle one): Full time Part time  
Employer \_\_\_\_\_ How long have you been employed there? \_\_\_\_\_  
Job Responsibilities \_\_\_\_\_

Unemployed (circle one): Retired Out of workforce  
Retired/Past Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Other work experience, paid or volunteer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

### **Skills, interests or special training:**

\_\_\_\_\_

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**Volunteer Availability:**

Most shifts are Monday –Friday for 3-4 hours; however, we do have some weekend shifts, flexible hours and evening hours in some departments. Please check the times below that you are available to volunteer:

Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8am-12pm							
12pm-4pm							
4pm-6pm							

**\*You must commit to at least 48 hours a year to remain an active volunteer.**

**Volunteer Service Areas:** (please circle all areas of interest)

Greeter Desk

Gift Shop

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Are there any physical limitations that we need to be aware of prior to assigning you to a volunteer position? \_\_\_\_\_

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**Personal Reference:** (someone who knows your work habits that is not a relative)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (Zip)

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I hereby affirm that the information on this application is true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send to:**  
**OSF Healthcare - Center For Health**  
**Attn: Volunteer Services Department**  
**111 Spring St.**  
**Streator, IL**

**Or Email to:**  
**AnneMarie.E.Czajkoski@osfhealthcare.org**