

# VOLUNTEER APPLICATION

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:**

\_\_\_\_\_  
\_\_\_\_\_

**Conviction Record:**

Yes  No Have you ever been convicted of a felony? If yes please explain: \_\_\_\_\_

**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-7pm							

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

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

- Auxiliary Blood Drive
- Escorts
- Outpatient
- Auxiliary Gift Shop
- The Family Room
- Surgery Waiting Room
- Care-A-Van
- Hospice
- Other (Individualized)
- Clerical Services
- Hospitality
- Emergency Room
- Information Desk-Lobby/OB

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

**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 Saint Elizabeth Medical Center**  
**Volunteer Services Department**  
**1100 E. Norris Drive**  
**Ottawa, IL 61350**

**Or Email to:**  
**[jayne.g.nugent@osfhealthcare.org](mailto:jayne.g.nugent@osfhealthcare.org)**