



Volunteer Application

Sioux Center Health
1101 9th St SE
Sioux Center, Iowa 51250
(712) 722-8296

Please Print

Application Date: _____

Name: _____ Male Female
(last) (first) (middle)

Home Address _____
(street) (Apt #) (city) (state/zip)

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address: _____

Birthdate: Month _____ Day _____ Year _____ SS #: _____

Occupation/Work Experience (list the most recent first):

Employer	Date of Employment	Job Responsibilities
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Special Training: _____

Previous Volunteer Experience: _____

Hobbies/Skills/Languages/Interests: _____

Do you have a record in any state of founded child or dependent adult abuse or have you ever been convicted of a crime, other than a simple misdemeanor relating to motor vehicles and laws of the road, (or equivalent provisions)? Yes No If yes, please explain. _____

Are you

- Presently Employed? Yes No Full time Part time
- Past or Current Sioux Center Health Employee? Yes No

References: List 2 persons not related to you who can judge your qualifications for this position. If you have previous experience as a volunteer, one reference should be from that organization. Please include COMPLETE address and phone numbers.

Name: _____ **Address:** _____

Telephone Number: _____ **How are you acquainted?** _____

Name: _____ **Address:** _____

Telephone Number: _____ **How are you acquainted?** _____

Emergency Contact: _____ **Telephone Number:** _____

How are you acquainted? _____

Volunteer Service Area Preferred: _____

Availability for Volunteer Assignment:

Monday Tuesday Wednesday Thursday Friday

Hours Preferred: Mornings Afternoons
(Shifts are approximately 4 hours)

Number of Shifts Desired per Month: _____ **Number of Shifts Desired per Week:** _____

I understand that if accepted as a volunteer:

- I voluntarily offer my services with a clear understanding that there is no monetary compensation.
- I will endeavor to be prompt and regular in my service.
- I will observe all hospital regulations.
- I authorize persons listed as references to release information.
- I understand that Sioux Center Health may complete a criminal background check.
- I certify that all information on this application is true and complete.

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY			
Referred to Volunteer Services by: _____	Referral on file: _____		
Interview by: _____	Date: _____		
Orientation by: _____	Date: _____		
Area Assigned	Date	Supervisor	Trainer
Date Service Ended: _____	Reason: _____	Total Hours: _____	