



Volunteer Application
Sioux Center Health

1101 9th Street SE
Sioux Center, Iowa 51250

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** _____ **SS #:** _____

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

| Employer | Date of Employment | Job Responsibilities |
|-----------------|---------------------------|-----------------------------|
|-----------------|---------------------------|-----------------------------|

| | | |
|--|--|--|
| | | |
| | | |

Education/Special Training: _____

Previous Volunteer Experience: _____

Hobbies/Skills/Languages/Interests: _____

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions, in this state or any other state?

No **Yes** If yes, for what, when and where?

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 Saturday Sunday

Hours Preferred: Mornings Afternoons Evenings

Hours per week desired: _____ **Days 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 Community Hospital and Health Center 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: _____ | |