



Name: _____ Date: _____

Date of birth: _____ Social Security (or DL#): _____

Address: _____ Phone: _____

Emergency contact (relationship): _____ Phone: _____

Reference (preferably school, job or community supervisor/advisor. *No family please.*):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Have you ever been convicted of a criminal offense? Yes No *This response does not necessarily result in disqualification.

If yes, please explain: _____

Please indicate the times you would be available to work a volunteer shift. Normal shifts range from 2-4 hours.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8-12							
Afternoon 1-5							
Evening 5-8							

Why would you like to volunteer at Mahaska Health? _____

Hobbies/Interests: _____

Please describe your educational background, work experience and/or training: _____

What types of volunteer activities would you like to do at Mahaska Health? _____

Please list any physical limitations you may have: _____

Are you a Mahaska Hospital Auxiliary member? Yes No

If no, would you like to become a member? Yes No

As a volunteer...

- I understand that my acceptance into the volunteer program is contingent upon my compliance with the required health screening and attendance at orientation.
- I agree to maintain Mahaska Health's policy on confidentiality in my volunteer work with patients, staff and visitors. Failure to comply with the confidentiality policy will result in immediate dismissal from all volunteer duties.
- I agree to comply with all Mahaska Health policies and procedures pertaining to my volunteer assignment.
- I understand that I may be dismissed from my duties for willful wrongdoing, negligence and/or performing duties outside of my position's guidelines.
- I understand that any false statements, concealment, background checks or withholding information on this application or in any aspect of the application process will be sufficient cause for withdrawal of an offer to participate in the volunteer program or dismissal if I am already placed in a volunteer position.

Applicant signature: _____ Date: _____

**If volunteer applicant is under 18 years of age, parent/guardian must complete a Parental Approval Form.*