

Date Received: _____

Interview Date and Time: _____

Volunteer Application

Last Name	First Name	Middle Name
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____ Preferred Nickname: _____		
Street Address		Apartment Number
City	State	ZIP Code
Birth Date: ____/____/____ I am age: <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> 66-80 <input type="checkbox"/> Over 80		

Daytime Phone Number (_____) _____	<input type="checkbox"/> Home	<input type="checkbox"/> Business	<input type="checkbox"/> Cell	<input type="checkbox"/> Pager
Other Daytime Phone Number (_____) _____	<input type="checkbox"/> Home	<input type="checkbox"/> Business	<input type="checkbox"/> Cell	<input type="checkbox"/> Pager
E-Mail Address: _____				

Teens (14 - 17 years of age):	
School Name: _____	Grade: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

<p>I want to volunteer because: _____</p> <p>_____</p>
<p>How did you find out about our volunteer program? _____</p> <p>_____</p>
<p>Have you had previous volunteer experience? If so, where at and what were your tasks? _____</p> <p>_____</p>
<p>List your skills, hobbies and interests: _____</p> <p>_____</p>

Availability (check all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Emergency Contact Person	
Name: _____	
Phone Number: _____	Relationship: _____

CONFIDENTIALITY AGREEMENT

I understand that in the performance of my duties as a volunteer with Parkview Health, I am required and privileged to have access to and am involved in the processing of verbal, written, computer generated, computer accessed, filmed, and recorded information related to patients, physicians, employees, volunteers and other business. I understand that I am obliged to protect and maintain the confidentiality of this data at all times, both at work and off duty.

I understand that a violation of these confidentiality considerations may result in disciplinary action, up to and including termination or legal action.

I certify by my signature that I acknowledge being informed of the Confidentiality Policy concerning confidential information and its treatment. I agree to adhere to and uphold the private and privileged information therein.

BACKGROUND CHECKS: ADULTS ONLY

I understand that, before I am permitted to represent Parkview Health as a volunteer, a Criminal History Check will be performed. Therefore, by my signature, I give permission for Parkview Health to obtain a Criminal History Check on me.

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that misrepresentation of any information may result in termination of my volunteer involvement. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

I agree to abide by Parkview Health's policies.

Applicant's Signature: _____ Date: _____

To Parents and Legal Guardian: Your signature below gives consent for the teenage applicant to join Parkview Health's volunteer program and receive two Tuberculosis screens (required).

Parent/Guardian Signature: _____ Date: _____
(if applicant is under 18 years of age)

Please check the location where you want to volunteer:

Parkview Hospital (Randallia)

Parkview North Hospital

2200 Randallia Drive
Fort Wayne, IN 46805
260-373-4340

Parkview LaGrange Hospital

207 North Townline Road
LaGrange, IN 46761
260-463-9009

Parkview Whitley Hospital

353 North Oak Street
Columbia City, IN 46725
260-248-9803

Parkview Huntington Hospital

2001 Stults Road
Huntington, IN 46750
260-355-3319

Parkview Noble Hospital

401 Sawyer Road
Kendallville, IN 46755
260-347-8154

Please return this application to the appropriate address.

This Reference Form is for **ALL** prospective volunteers

Volunteer Applicant — Print *your* name here: _____

Sign *your* name here: _____

Your signature above gives permission for an unrelated adult to send us information (see below).

Jr. or Sr. High School Student: Take this to your school's guidance counselor.

Court-Ordered Community Service: Please take this to your contact officer/organization.

Adults: Give this form to an adult that is not a relative/spouse. Ask that person to complete this form and return it to the Volunteer Administrative Office (labeled envelopes enclosed). The Volunteer Office at Parkview will contact you for an interview when the application and reference are received and are complete.

PARKVIEW HOSPITAL VOLUNTEER ADMINISTRATIVE OFFICE

Comment on the volunteer applicant's customer service, social skills, and personality traits:

Comment on the applicant's dependability and work habits.

- Guidance counselors: address the student's attendance and abilities
- Court officers and counselors: provide the hours required, the reason for the service order, and the date for completion.

What benefits do you believe this applicant will provide to Parkview patients:

Please feel free to comment on the applicant's strengths and opportunities:

Name of person completing this form (print please): _____

Signature of person completing this form: _____

Business title or relationship to applicant: _____

Date: _____ Your daytime phone number: _____

Thank you for your assistance. Please return this to the Volunteer Office.

A self-addressed envelope is provided for your convenience.