

**Personal Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

**Have you ever been employed by Parkview Health or an affiliate?**

Yes  No If yes, please list dates: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**Have you ever been a volunteer for Parkview Health or an affiliate?**

Yes  No If yes, please list dates: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**How did you learn about Volunteering at Parkview Health?** (Check the appropriate box)

I was a former patient  Volunteer website (ie: Volunteermatch.org) \_\_\_\_\_

I am family of a former patient  Volunteer fair (Name/location of fair) \_\_\_\_\_

Parkview website  Employee referral (Name of employee) \_\_\_\_\_

Promotional material/Advertisement  Volunteer referral (Name of volunteer) \_\_\_\_\_

**Education** (Please circle the last grade you completed):

High School: 1 2 3 4 Diploma GED

College: 1 2 3 4 Major: \_\_\_\_\_

Please list school – Name and Address: \_\_\_\_\_

**Person to Notify in Case of Emergency**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**References** Please list two NON-RELATIVE references we can contact.

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Criminal Background History:**

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, please list all convictions and dates below:

Conviction/Date: \_\_\_\_\_ County/State: \_\_\_\_\_

Conviction/Date: \_\_\_\_\_ County/State: \_\_\_\_\_

**NOTE:** Conviction means you were found guilty by a judge, jury, "no contest," or guilty plea in court. A conviction may have taken place even if you did not pay a fine or spend any time in jail or prison. A conviction will not automatically disqualify you from volunteer placement Parkview Health.

**Any misrepresentation will disqualify you from a volunteer position. If needed, please use an additional sheet of paper.**

**Please Read Carefully And Sign**

I certify the information in this application (and any accompanying documents) is true. I understand falsification of any information in this application, discovered at any time before, during, or after I begin my position as a volunteer may lead to my termination.

I hereby authorize Parkview Health Volunteer Services to verify, obtain copies of records and gather any information pertaining to my submitting a volunteer application with Parkview Health Volunteer Services. My signature on this application authorizes Parkview Health Volunteer Services to request written verification as needed.

The receipt of this application does not imply that I will be offered a position as a volunteer. If accepted as a volunteer, I agree to comply with established rules, policies, procedures and Parkview Health Standards of Behavior. This includes but is not limited to those which relate to confidentiality, employment and universal precautions.

I understand my volunteer position with Parkview Health Volunteer Services means volunteering at Parkview's discretion; my volunteer position can be terminated at any time with or without cause, and with or without notice at the option of Parkview Volunteer Services or myself.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL/GUARDIAN PERMISSION REQUIRED for volunteers under 18 years of age.**

I, the undersigned parent or legal guardian of the child named above, do hereby give permission for this child to perform volunteer service with Parkview Health Volunteer Services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Thank you for completing this application form and for your interest in volunteering with us.**

**Name of Applicant:** \_\_\_\_\_

1. How long have you known the applicant and in what capacity?

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2. How would you describe the applicant's character and personality?

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3. Please describe the applicant's reliability and punctuality.

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4. Are you aware of any physical or emotional considerations that would impact the applicant's success as a volunteer?

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5. What are the applicant's greatest strengths? What are the applicant's limitations, if any?

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6. To what extent do you recommend the applicant for a volunteer position?

No Reservations

Some Reservations

Significant Reservations

Why? \_\_\_\_\_

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**REFERENCE INFORMATION:**

Your Name (First, MI, Last): \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Profession/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_