

SAUK PRAIRIE MEMORIAL HOSPITAL AND CLINCS

VOLUNTEER APPLICATION

Step 1 - Return this completed form to the SPMH Volunteer Office.
Step 2 - Call 643-7249 to schedule immunity tests (free of charge).
Step 3 - When step 2 above is complete, call the Volunteer Coordinator at 643-7257
to schedule a 2-hour orientation meeting.

Today's date _____

Last Name _____ First Name _____

Address _____ City _____ Zipcode _____

Phone _____ Birth: Month _____ Day _____

Do you prefer to get messages regarding your volunteer work by email? Yes _____ No _____

If yes, please give us your email address _____

If you are under age 19, please give a parent/guardian's name:
_____ Phone _____

Give two references (not relatives) who we may contact about you:

Name _____ Phone _____

Address _____ City+State _____ Zipcode _____

Relationship to you _____

Name _____ Phone _____

Address _____ City+State _____ Zipcode _____

Relationship to you _____

Are you a student? No _____ Yes _____ School: _____
Grade Level _____ Age _____

Are you employed? No _____ Yes _____ Occupation: _____

If yes, are you full time? _____ Part time? _____ Hours: _____

If no, are you looking for employment? Yes _____ No _____

Are you a Sauk Prairie Memorial Hospital Auxiliary member? Yes _____ No _____

Please indicate other volunteer work you have done and/or your service group memberships
(if any): _____

Please indicate your favorite skills or hobbies and/or any special training or experience you
have (if any): _____

How did you find out about the need for volunteers at this hospital?

Why do you want to be a hospital volunteer?

Do you need volunteer hours for a specific program/purpose? Yes _____ No _____

If yes, how many hours? _____ What is the deadline, if any? _____

What is the program/purpose? _____

Have you ever been convicted of a crime other than minor traffic violations? Yes _____ No _____

If yes, please describe and indicate dates: _____

Note: a conviction record will not necessarily disqualify you from volunteer consideration.

An average commitment by a volunteer is once a week for two or three hours.

Check your availability: Mon Tue Wed Thu Fri Sat Sun
Mornings: ___ ___ ___ ___ ___ ___ ___
Afternoons: ___ ___ ___ ___ ___ ___ ___
Evenings: ___ ___ ___ ___ ___ ___ ___

Do you plan to volunteer year round? Yes ___ No ___

If no, which months? Jan ___ Feb ___ Mar ___ Apr ___ May ___ Jun ___ Jul ___ Aug ___ Sep ___ Oct ___ Nov ___ Dec ___

Look at the "Volunteer Opportunities" list accompanying this application and check those which interest you:

ON CALL:

- ___ Adult Patient Helper
- ___ Bulk Mailing
- ___ Childcare
- ___ Child Patient Helper
- ___ Disaster Helper
- ___ Knitting/Sewing
- ___ Publicity
- ___ Serving
- ___ Tour guide
- ___ Tray Favors
- ___ Yardwork

___ Other – Please give your suggestion

ONCE A WEEK (2 to 3 hours) AVERAGE:

- ___ Advanced Directives Helper
- ___ Cleaning
- ___ Clerical
- ___ Clinic
- ___ Computer
- ___ Copywork
- ___ Department Delivery
- ___ Escort/Transport
- ___ Hospitality
- ___ Lifeline
- ___ Mobile Meals
- ___ Patient Visitor
- ___ Plant Care
- ___ Receptionist
- ___ Recycled Paper Pickup
- ___ Rehab
- ___ Sunshine Patch
- ___ Supplies
- ___ Waiting Room

The following confidentiality agreement is very important....

read it carefully and sign below if you agree to comply:

I understand and agree that, in the performance of my duties as a volunteer at Sauk Prairie Memorial Hospital, I must not repeat anything I see or hear to anyone. This includes information about patients (personal or medical), their families, hospital procedures or staff performance. Further, I understand that intentional or involuntary disclosure of confidential information may result in immediate dismissal as a volunteer and could also result in being sued.

Signed _____ Date _____