



VOLUNTEER APPLICATION

45 West 111th Street Chicago, Illinois 773.291.1820
www.roselandhospitalfoundation.org

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Date of Birth: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name: _____

Phone: _____

Relationship: _____

List any accommodations necessary for you to perform volunteer duties:

EDUCATION: Grade School: 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Other Education: _____

Occupation: _____ Full-Time Part-Time

Employer: _____ Retired: Yes No

Phone: _____ May we call you at work? Yes No

Have you ever been convicted of a felony? Yes No

PREVIOUS AND PRESENT VOLUNTEER EXPERIENCE: _____

Agency: _____ Duties: _____ From: _____ to: _____

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MEMBERSHIP IN PROFESSIONAL OR COMMUNITY ORGANIZATIONS:

PERSONAL OR PROFESSIONAL REFERENCES: (Please exclude relatives.)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

AVAILABILITY:

On the chart below, please check any shifts for which you would be able to accept a volunteer assignment. This does not necessarily commit you to multiple assignments, but will help us in selection of placement options.

| | MON | TUE | WED | THUR | FRI |
|-----------|-----|-----|-----|------|-----|
| MORNING | | | | | |
| AFTERNOON | | | | | |

ARE YOU AVAILABLE WEEKENDS? Yes No

SKILLS AND EXPERIENCE:

Some of our volunteer assignments utilize specific skills. Please circle any you have and are willing to share with Rush Memorial Hospital.

Typing Filing Photocopying Computer Music Other _____

If I am accepted as a volunteer, I agree to sign a confidentiality statement. I understand the hospital reserves the right to terminate my volunteer status as a result of failure to comply with hospital policies, rules, and regulations, and/or unsatisfactory work, attitude or appearance.

Signature Date

PERMISSION FROM PARENTS OR GUARDIAN IF VOLUNTEER IS UNDER AGE OF 18

Permission is granted for _____ to join the RCHF Volunteer Program. I understand that I will be responsible for providing transportation to and from the hospital. His/her health is such that I believe he/she is physically able to fulfill the obligations he/she is assuming.

Signature of parent or guardian Date