

Floyd Valley Hospital Le Mars, IA 51031 712-546-7871

## Adult Volunteer Application Form 712-546-3385/712-546-3410

Applicati	on Date:		
(Midd	le)	_ □ Male	☐ Female
(City	)	(Sta	te/Zip)
	☐ Auxiliary	y Member	☐ General
	_ Year (Opti	onal)	
ne:			
	□ F	ull Time	☐ Part Time

Please Print						
Name:						☐ Female
	(Last)	(First)		(Middle)		
Home Address:	(Street)	(Apt. #)		(City)	(Sta	ate/Zip)
Home Phone:					iliary Member	☐ General
	<u> </u>				Optional)	
Employer:			Work Phone:			
Address:					☐ Full Time	☐ Part Time
Job Duties:						
	t Experience:					
Education (Highe	est Level Completed):					
Major/Degree/Tr	aining:					
Hobbies/Skills/L	anguages/Interests:					
Previous Volunte	er Experience:					
	iations:					
Reference:			Address:			
Phone #:			_ How are you	ı acquainted?:		
Reference:			Address:			
Phone #:			How are you	acquainted?:		
Emergency Conta	act:		Phone #:			
g : 1 = 5	C 1					
Service Area Pr	eferred					

## **Availability For Volunteer Assignment**

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
(Hrs.)	(Hrs.)	(Hrs.)	(Hrs.)	(Hrs.)	(Hrs.)	(Hrs.)
Length of Co	ommitment: Montl	hs		Years		
<ul><li>I voluntari</li><li>I will ende</li></ul>	d that if accepted ly offer my servic avor to be prompt rve all hospital re	es with a clear ur and regular in m	nderstanding that t ny service.	here is no mone	etary compensati	on.
Applicant Sig	gnature			Da	te	
		FO	R OFFICE USE	ONLY		
Referred to	Volunteer Services	s by:		Re	ferral on File: _	
Interview by	<i>"</i> :			Da	ite:	
Orientation 1	by:			Da	ite:	
Area A	Assigned	Date		Supervisor		Trainer
Exit Intervi	ew		Depar	rtment Checkli	st	
Date service	ended:		HIPA	A trained:		
Reason:		Photo	taken:			
			Time	clock trained:		
	ent:					
Called on: _						
-						

Comments: