

FOR OFFICE USE ONLY

Applicant Letter Sent _____
Reference Check _____
Interview Conducted _____
Follow-Up Letter Sent _____
Attended Orientation _____
Given Job Description _____
Board Welcome Letter _____
Name Badge _____
Added To Volunteer List _____
Added to Phone List _____

VOLUNTEER SERVICES
APPLICATION

Full Name: _____ Name of Spouse: _____

Address: _____ City: _____ State: ___ Zip: _____

Telephone: _____ Date of Birth: _____

Occupation: _____ Email: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____ City: _____ State: ___ Zip: _____

Telephone: _____

PLEASE LIST ANY PREVIOUS WORK AS A VOLUNTEER:

(OPTIONAL) PLEASE LIST ANY COMMUNITY AFFILIATIONS (IE, CLUBS, CHURCH, OR OTHER ORGANIZATIONS):

PLEASE PROVIDE TWO CHARACTER REFERENCES (NOT RELATIVES):

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

ARE THERE MEDICAL OR OTHER LIMITATIONS WHICH WOULD AFFECT THE TYPE OF VOLUNTEER WORK YOU COULD PERFORM? Yes _____ No _____

If yes, explain: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes _____ No _____

A conviction will not necessarily disqualify you from consideration for volunteer services. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness. If yes, what was the felony _____
and when did it occur _____

AREA(S) YOU MAY BE INTERESTED IN VOLUNTEERING: (PLEASE CHECK ALL THAT APPLY):

- _____ Courier (Delivery)
- _____ Events (Assist in various events – please specify what you are able to do: _____)
- _____ Scanning (Take documents and scan into electronic format)
- _____ Office Assistance (Make copies, typing, filing, etc.)
- _____ Front Lobby (Greet and direct patients and assist patient with forms, serve to assist patients)
- _____ Medical – _____ Nurse _____ CMA _____ Provider (additional information will be necessary).

PLEDGE FOR VOLUNTEERS

BELIEVING that Heartland Community Health Clinic has a real need of my services as a volunteer:

- I will be punctual and conscientious in the fulfillment of my duties and accept supervision from staff members graciously.
- I will conduct myself with dignity, courtesy and consideration.
- I will consider as CONFIDENTIAL all information which I may hear directly or indirectly concerning a patient, physician, volunteer or hospital staff member, and will not seek information in regard to a patient or their family.
- I will take any problems, suggestions, criticisms or concerns to the Chief Development Officer who serves as liaison for Volunteer Services.
- I will endeavor to make my volunteer work of the highest quality.
- I will uphold the traditions and standards of Heartland Community Health Clinic and interpret them to the community at large.

REMEMBER...

*What you see here, What you hear here, While you volunteer here,
Let it stay here, When you leave here.*

I agree to abide by the above provisions and understand that any violation may be grounds for dismissal from the program. I also agree that by signing this form I am allowing Heartland Community Health Clinic to check my references and check with my previous volunteer supervisor.

Signature of Volunteer: _____ Date: _____

PLEASE RETURN APPLICATION TO:
Heartland Community Health Clinic
Becky Wood, CDO
Community Relations Department
2321 N. Wisconsin Avenue
Peoria, IL 61614