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Volunteer Application Form

Date:

Name

Address

City State Zip Code

Home Phone: Cell Phone:

email Date of Birth:

Prior work experience:

List any other volunteer activities in which you are involved:

Please note any skills or special interests you may have that you would be willing to share:

Services Preferred: (Please circle any of interest)

- Information Desk Staff Support (filing, copying, etc.) Make fleece blankets for patients
- Oncology Dept- refreshments for cancer patients Information Desk at Illini Fitness Center (128 W. Washington St)

Days and hours preferred:

- Monday Tuesday Wednesday Thursday Friday

Information Desk: Cashier in Coffee Shop: Info Desk at Illini Fitness Center

- 8 a.m. - Noon 11 a.m.- 1 p.m. Tuesdays: 8 a.m. - 11 a.m. Thursdays: 8 a.m. - Noon
- Noon- 3 p.m. Thursdays: Noon - 4 p.m.

Person to contact in case of emergency:

I realize my service as a volunteer is a valuable contribution that directly or indirectly affects patient care at Illini Community Hospital. I understand the importance of attending the general orientation course and will do everything in my power to appreciate the subjects of medical ethics and general safety. I will keep all patient information confidential. I understand that background and/or reference checks will be processed if required.

Signature Field

Date: