

# Volunteer Application



## PERSONAL:

Name  Mr.  Mrs.  Miss  Ms. \_\_\_\_\_

(As you wish it to appear on mailings or in the DMH Auxiliary membership directory)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

May we contact you at work?  YES  NO

When is the best time to contact you? \_\_\_\_\_

Referred by \_\_\_\_\_

Name you wish to be called \_\_\_\_\_

(such as Patricia, Pat, Patty, etc.)

Social Security # \_\_\_\_\_ (last 4 digits is fine until seen in person)

## Emergency Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_

## LIFE EXPERIENCES:

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We attempt to schedule our volunteers to meet their schedule needs, as well as our openings. Most schedules are done on a half-day basis. Some people volunteer one time per month; other volunteer several times per week. A few volunteers are "on call" or have a flexible schedule. In order for us to plan for your placement, please list the times that you would be available to volunteer and the frequency with which you would like to volunteer:

How often would you like to work? (Please check all that apply)

Weekly  Monthly  Semi-monthly  Other: \_\_\_\_\_

What day(s) of the week would be best for you? (Please check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

What time of day would be best for you?  Mornings  Afternoons  Evenings

**VOLUNTEER OBJECTIVES:** (Please check all that apply)

- learn new skills
- enhance personal growth
- have fun & relax
- meet & work with other people
- Other: \_\_\_\_\_
- use current skills
- explore careers
- make worthwhile use of my time
- do something nice for others

**REFERENCES:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Full address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Full address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Full address \_\_\_\_\_

I hereby certify that the information provided on this form is true and complete to the best of my knowledge.

\_\_\_\_\_

Signature

Date

Please mail to:

Decatur Memorial Hospital  
2300 N. Edward St.  
Decatur, IL 62526  
Attention: Director of Volunteers

