



# VOLUNTEER APPLICATION

Please Print

Name (First, Middle Initial, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Can receive calls at work:  Yes  No  Emergency Only

**Person to be notified in an emergency:**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Education/Special Training \_\_\_\_\_

Work Experience \_\_\_\_\_

**Two References** (if you have volunteered elsewhere, please include a reference).

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Check All Areas of Interest:**

- Blood Pressure Screening
- Gift Shop
- Hospice
- Medical Imaging Transporter
- Outpatient Rehabilitation
- Special Projects
- Outpatient Lab Receptionist
- Greeters
- Iroquois Home Care
- Medical Records
- Outpatient Surgery
- Surgery Center Receptionist
- Floor Aides
- IMH Satellite Clinics
- Marketing/Volunteer Office
- Office Work
- Resident Home
- Satellite Clinics

Do you know a language other than English?  Yes  No

Language \_\_\_\_\_  Speak  Read  Write  
Language \_\_\_\_\_  Speak  Read  Write

**Other special skills:** (computer skills, teacher, manicurist, hairdresser, masseuse, etc.)

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Do you have access to transportation?  Yes  No

How did you hear about the IMH Volunteer Program? \_\_\_\_\_

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Why do you want to be an IMH Volunteer? \_\_\_\_\_

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What qualities (*skills, talents, knowledge, and experiences*) do you feel you can incorporate into your IMH Volunteer work? \_\_\_\_\_

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Comments: \_\_\_\_\_

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please mail or deliver the completed application to:

**Iroquois Memorial Hospital Human Resources**  
**850 South Fourth Street, Watseka, IL 60970**  
**Phone: 815.432.7937**