



Volunteer Application

Please Print

Name (First, Middle, 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

- | | | |
|---|--|---|
| <input type="checkbox"/> IMH Greeter | <input type="checkbox"/> IMH Gift Shop | <input type="checkbox"/> Iroquois Resident Home |
| <input type="checkbox"/> Hospice Visiting | <input type="checkbox"/> Hospice Fundraising | <input type="checkbox"/> Hospice Clerical |



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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.*)

Do you have access to transportation? Yes No

How did you hear about the IMH Hospice Volunteer Program? _____

What qualities (*Skills, talent, knowledge, and experiences*) **do you feel incorporate into your IMH Volunteer work?**

Comments _____

Applicant Signature

Date

Please mail or deliver the completed application to

Iroquois Memorial Hospital

c/o Mia Gasperini

200 East Fairman Avenue, Watseka, IL 60970

Phone: 815.432.7725