

Office Use Only
<input type="checkbox"/> Student
<input type="checkbox"/> Active Guild
<input type="checkbox"/> Inactive Guild
<input type="checkbox"/> Other _____

SARAH BUSH LINCOLN HEALTH CENTER VOLUNTEER SERVICES APPLICATION

Last Name	First Name	Middle Name		Date
Address		City	State Zip	Phone
Length of Residency in Community		Referred By:		Birth date

Emergency Contact:	Relationship	Phone (Day)	Phone (Evening)

Personal References - Do Not Include Relatives or Former Employers			
Name	Phone	Years Known	Relationship
Address - Required			
Name	Phone	Years Known	Relationship
Address - Required			

Education						
School, Name, Location	Course of Study	Graduate Yes No		In Progress	Level Completed	Diploma or Degree

Skills, Interests, Abilities (please circle all that apply):			
Clerical	Nursing	Cash Register	Greeter
Crafts	Child Care	Telephone Skills	Other:
Computers	Sign-Language	Foreign Language (list)	
Work Experience	Duties	How Long	

Availability for Volunteer Assignment

_____ Weekdays _____ Daytime _____ Evenings _____ Weekends

_____ Number of times per month

Planned Length of Commitment _____

Why do you want to become a Volunteer at Sarah Bush Lincoln Health Center?

The Mission of the Volunteer Services Department is:

To support the goals of Sarah Bush Lincoln Health Center in providing excellence in hospital care and maintain the professional standards of the Health Center in the delivery of these services and, to promote community understanding of and participation in the stated mission of Sarah Bush Lincoln Health Center.

AS A VOLUNTEER:

I understand and agree that at no time will any information regarding patients of the hospital be revealed to anyone other than those authorized to receive it. I understand that the giving of the information concerning a patient to those not authorized to receive such information, is unlawful and shall be sufficient cause for my immediate dismissal.

I agree to any necessary health screening required by the hospital and understand my volunteer assignment is contingent upon successful completion of this screening.

I understand that any false statements made as a part of this application may be considered sufficient cause for discontinuation of service assignment.

I authorize permission for all named references and educational institutions to release personal and professional information to the Volunteer Services Department. I also consent to a police record search, if required. I further release Sarah Bush Lincoln Health Center as well as those supplying said information from any and all liability from these investigations.

I agree to observe all hospital regulations, and to perform my duties in a professional manner, reflective of the organizations values, and to voluntarily offer my services with the understanding that there is no monetary compensation.

Signature _____ Date _____

Have you been convicted of a crime, other than minor traffic offenses, in the past 5 years? _____ Yes or _____ no

If yes, please explain _____

(Note: Convictions will not necessarily bar you from service but are reviewed in relation to the position(s) for which you are applying.)

Are you either a United States citizen or legally authorized to work in the U.S.? _____ Yes or _____ no

Do you possess any physical or mental limitations that would prohibit certain work activities? _____ Yes or _____ no

If yes, please explain _____

(Note: Limitations will not necessarily bar you from service, but are reviewed in relation to the position(s) for which you are applying.)

For Office Use Only:

VGHO: _____ Service Assignment: _____ Training Date: _____

Infection Control: _____ TB _____ 1st Dose MMR _____ 2nd Dose MMR _____

Guild Dues Paid: Yes or No

Vest: Borrowed or Purchased

Size: S M L XL XXL XXX



Volunteer Information

List and describe any teaching experiences you have had. Include age group, length of time and subject matter	
Do you have experience in art, music, creative writing, web design, graphic design, theatre or other fine arts. Explain:	
Have you been involved in any prevention groups or activities? Explain	
Do you have an insured car?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: The program pays mileage for use of private car.

Schedule

Please BLOCK OUT (place X in box) all times you are NOT FREE in grid at right

Block out all times you are in class, working a part-time job, or other times you cannot be scheduled for Body Electric

Note: Because we need to build in travel time, open blocks of at least four hours are preferable. Priority will be given to intern candidates who have full days open or large blocks of time in the afternoon or morning.

Name <small>Print/ type full name)</small>					
Semester <small>(X appropriate box)</small>	Fall	Spring	Summer		
TIME	MON	TUES	WED	THURS	FRI
7:00 am					
7:30 am					
8:00 am					
8:30 am					
9:00 am					
9:30 am					
10:00 am					
10:30 am					
11:00 am					
11:30 am					
12 Noon					
12:30 pm					
1:00 pm					
1:30 pm					
2:00 pm					
2:30 pm					
3:00 pm					
3:30 pm					
4:00 pm					
4:30 pm					
5:00 pm					
5:30 pm					

How comfortable are you doing research using the internet (check one): Very ☐ Moderately ☐ Not at all ☐

Your Permanent Home Town Address	Street	City	State / Zip	(Area Code) Phone

Return this application to:

Body Electric
Attn: Julie Meinhart
105 A Professional Plaza
Mattoon, IL 61938
jdust@sblhs.org

Please feel free to call if you have any questions
Toll free 1-888-550-7464
(217) 348-4570

Visit our web site: www.isbe.org