



VOLUNTEER/AUXILIARY SERVICES
 791 Summit Avenue
 Oconomowoc, WI 53066-3896
 262.569.0293
 tammy.fox-husband@phci.org

APPLICATION FOR VOLUNTEER SERVICE

Thank you for expressing an interest in Oconomowoc Memorial Hospital's Volunteer Service Program.
 It is the policy of this Hospital to extend its volunteer opportunities to qualified persons on a nondiscriminatory basis. Selection shall be made without regard to age, race, color, sex, national origin, disability or any other class protected by law.

PLEASE PRINT

Your Name _____ Date of Application _____
 Address _____ Phone # _____
 City and Zip Code _____ Birthday _____
 Social Security Number: _____
 E-mail _____ Availability Date _____

AFTER READING THE ENCLOSED SERVICE DESCRIPTIONS, PLEASE COMPLETE BOTH SECTIONS:

VOLUNTEER AREA(S) OF INTEREST:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

I am available for volunteer assignment(s):

- Twice a Month
- Once a Week
- More than Weekly

CHECK TIMES AVAILABLE:

DAYS	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION

In case of emergency whom should we notify?

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

Have you ever been a volunteer or employed here before? Yes No

If yes, when? _____ Job Title: _____

Are you acquainted with anyone who is a volunteer or employee here? Yes No

If yes, name: _____ Position: _____

Have you ever been convicted of any felony, misdemeanor or other offense, the circumstances of which substantially relate to the circumstances of the particular job or licensed activity you are applying for or are there any criminal charges pending against you? Yes No

If yes, described in full, including (date(s)): _____

In the past three years, have you ever knowingly used any drugs (amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, opiates) other than those prescribed to you by a physician? Yes No

If yes, please furnish details: _____

SKILLS & EDUCATION

Highest grade of education completed: Grade School
 High School
 College
 Other

Diploma(s) or degree(s): _____

Other education or training completed: _____

Skills you have that may be useful in a Volunteer assignment:

EXPERIENCE – Please furnish past employment and volunteer experience to assist us in assignment selection.

Volunteer

List prior Volunteer Experience
(Organization, Church, School, etc.)

Title and/or Description of Duties

Employment:

Present or last employer: _____ Immediate Supervisor's Name: _____

Address: _____ Telephone Number: () _____

Dates Employed: From (Month/Year) To (Month/Year) Reason for Leaving: _____

Your Title and Description of Duties: _____

REFERENCES *Please list two references we may contact (not members of your family).*

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Relationship: _____ Relationship: _____

Are you able to perform the essential functions of the assignment for which you have applied, with or without reasonable accommodation? Yes No

AUTHORIZATION AND RELEASE

I certify that the information given herein is complete and accurate to the best of my knowledge, and I authorize investigation of the statements I have made. I release from any and all liability representatives of ProHealth Care, Inc., for their acts performed in connection with evaluating my application, credentials, or references. I understand that false or misleading information given in any application, or the withholding of information deemed pertinent by ProHealth Care, Inc., can result in rejection of the application and will subject me to immediate termination.

I authorize my previous employer and any other reference sources to provide any and all information concerning me, my prior employment, and my suitability for Volunteer service. I release all parties from any liability they may have for providing such information.

Volunteer Applicant's Signature: _____ Date: _____