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## CenterLight Health System Volunteer Application Form

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Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell/Office Number: \_\_\_\_\_

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### EDUCATION (LIST NAME OF SCHOOL)

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High School: \_\_\_\_\_  
College: \_\_\_\_\_  
Technical: \_\_\_\_\_

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### EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

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| Dates Employed | Employer's Name | Job Title |
|----------------|-----------------|-----------|
|                |                 |           |
|                |                 |           |
|                |                 |           |

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Volunteer Experience: \_\_\_\_\_

Special Training: \_\_\_\_\_

Referred By: \_\_\_\_\_

In case of illness notify:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Please list two references (employer, friend, clergy, physician). Include full address.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_  
 \_\_\_\_\_

Are you interested in involvement with residents?  Yes  No

Please select which areas you are interested in:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Friendly Visiting    | <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Arts/Crafts       |
| <input type="checkbox"/> Holiday Celebrations | <input type="checkbox"/> Feeding       | <input type="checkbox"/> Computers         |
| <input type="checkbox"/> Music Therapy        | <input type="checkbox"/> Rehab Therapy | <input type="checkbox"/> Telephone Support |

Hobbies (specify): \_\_\_\_\_

Foreign Language (specify): \_\_\_\_\_

Speak: \_\_\_\_\_ Read and Write: \_\_\_\_\_

Time Commitment (please indicate times available)

| Day       | AM 4-Hour Shift | PM 4-Hour Shift | Evening |
|-----------|-----------------|-----------------|---------|
| Monday    |                 |                 |         |
| Tuesday   |                 |                 |         |
| Wednesday |                 |                 |         |
| Thursday  |                 |                 |         |
| Friday    |                 |                 |         |
| Saturday  |                 |                 |         |
| Sunday    |                 |                 |         |

*I will notify the Volunteer Department if I am unable to keep my volunteer assignment. I agree to abide by the policies and procedures of CenterLight Health System. I will be punctual, courteous, dependable and keep in confidence all information I may hear or be told concerning a resident, doctor, employee or volunteer. I confirm to the best of my knowledge that all information on this application is correct and complete.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR VOLUNTEER OFFICE USE ONLY**

Interview Date: \_\_\_\_\_ ID Badge Given: \_\_\_\_\_

Sign-In Procedure: \_\_\_\_\_ Reference Checked: \_\_\_\_\_

Medical Form Completed: \_\_\_\_\_ Placement: \_\_\_\_\_

Date Resigned or Completed Service: \_\_\_\_\_

Date HIPAA/Inservice Completed: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

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