

MERCY HOSPITAL
IOWA CITY, IOWA

VOLUNTEER APPLICATION

DATE _____

Personal Information

Last Name _____ First Name _____

Address _____
Street City Zip

E-Mail Address _____

Home Phone _____ Business Phone or Cell _____

Birth Date _____
Month/Day/Year Optional

In An Emergency, Please Notify:

Name _____ Home Telephone _____

Relationship _____ Work Telephone _____

Work Status: _____ Employed _____ Retired _____ Unemployed

Current or Last Place of Employment: _____

Interests, Special Skills, Hobbies

Are there any restrictions or limitations on your activity? If so, please explain.

How did you hear about our program?

_____ Friend _____ Newspaper _____ Brochure _____ School Counselor

_____ Other (please specify) _____

Have you ever committed or been convicted of a criminal offense or misdemeanor other than a minor traffic violation? Are there any criminal charges now pending against you other than a minor traffic violation? Yes No

If yes, please explain: _____

Have you ever been terminated from a volunteer position? Yes No

If yes, please explain _____

When are you most available to volunteer?

Mon a.m.	Tues a.m.	Wed. a.m.	Thurs. a.m.	Fri. a.m.	Sat. a.m.	Sun. a.m.
p.m.	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.
Eve	Eve	Eve	Eve	Eve	Eve	Eve

Would You Be Available for Occasional Extra Tasks (Special Projects,Substitutions)? Yes No

Please check the services you prefer:

- | | |
|---|---|
| <input type="checkbox"/> Baby Caps | <input type="checkbox"/> Mail Delivery |
| <input type="checkbox"/> Bridge Marathon | <input type="checkbox"/> OB Hostess |
| <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Patient Escort |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Pink Elephants |
| <input type="checkbox"/> Craft Group | <input type="checkbox"/> Safe Sitter |
| <input type="checkbox"/> Emergency Care Unit | <input type="checkbox"/> Senior Patient Visitation |
| <input type="checkbox"/> Flower Delivery | <input type="checkbox"/> Senior Brunch |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> SHIPP Counseling |
| <input type="checkbox"/> Guest Lodging | <input type="checkbox"/> Smile Cart |
| <input type="checkbox"/> Helping Hands | <input type="checkbox"/> Surgical Outpatient |
| <input type="checkbox"/> Information Desk | <input type="checkbox"/> Vending |
| <input type="checkbox"/> Lifeline Clerical | <input type="checkbox"/> Wellness/Health Promotion |
| <input type="checkbox"/> Lifeline Installer | |

I certify that the information provided in this application is true and correct in all respects without any willful omissions. I understand that I may be screened at Mercy's cost for criminal background histories by state and/or federal agencies.

(Signature)