

Dupont Hospital
2520 East Dupont Road Fort Wayne, IN 46825

Volunteer Application

Thank you for expressing an interest in volunteering at Dupont Hospital. A clear understanding of your background and work history will help us find the position that best matches your skills with our needs.

NAME _____ BIRTH DATE (MO/DAY) _____

ADDRESS _____
(number and street) City State Zip

TELEPHONE () _____ CELL PHONE () _____

EMAIL ADDRESS _____

EMERGENCY INFORMATION

Emergency Contact _____
Name Relationship

Home Phone _____ Work Phone _____ Cell Phone _____

List any friends or family working at Dupont Hospital _____

<u>EDUCATION</u>		
School Name/Location	Course of study/major	Circle last year completed
Technical or profession training:	_____	1 2 3 4
College or University:	_____	1 2 3 4
High School:	_____	1 2 3 4
_____	_____	

<p>EMPLOYMENT HISTORY</p> <p>Are you presently employed: _____ Yes _____ No</p> <p>Please list present and past job experience:</p> <p>1. Firm name _____ City _____</p> <p>List duties performed: _____</p> <p>2. Firm name _____ City _____</p> <p>List duties performed : _____</p>

Your special job skills/interests/hobbies:

List any previous volunteer experience:

Agency _____	Dates of Service _____
Agency _____	Dates of Service _____

Do you have any physical, visual or hearing needs we should take into consideration?
 If yes, please explain: _____

Are there any accommodations needed in order for you to safely and competently perform volunteer work as requested? _____

Have you had chicken pox? _____ Yes _____ No

Schedule: List hours you are available to do volunteer work. Specify morning, afternoon or evening. Shifts are typically 8a.m. – 12 noon; 12 noon – 4p.m.; and 4p.m. – 7p.m.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Any Day
A.M.								
P.M.								
Evening								

How often are you available?

Once a week More than once a week (number of days) _____

Check the type of service that interests you:

- Mail Room Contact with patients Gift Shop Reception Desk
- Restocking supplies/making up patient packets Clerical

Personal References – other than family members or friends

Name _____ Address _____ City/State _____ Zip _____

Name _____ Address _____ City/State _____ Zip _____

I understand that if I become a volunteer, any false statements on this application will be cause for release from the Volunteer Services program. I hereby authorize the release of any and all information in regards to my present and past employment, volunteer experience or personal references to Dupont Hospital. I agree that all questions asked and information released in good faith shall be privileged, and I release all parties from any liability of damages for providing the information requested.

Signed _____ Date _____

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To be completed by Volunteer Services office staff:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Interview | <input type="checkbox"/> Drug Screen | <input type="checkbox"/> Uniform |
| <input type="checkbox"/> References sent | <input type="checkbox"/> Background check | <input type="checkbox"/> Badge |
| <input type="checkbox"/> References received | <input type="checkbox"/> MMR information | <input type="checkbox"/> Orientation |
| <input type="checkbox"/> TB test | | |

Placement _____ Area _____ Day _____ Hours _____