

MOTIVATION FOR VOLUNTEERING

Reasons for volunteering _____

Is this required? YES _____ NO _____ If Yes, for whom? school _____ church _____
 court _____ other _____ # of hours required? _____ Completion date? _____

What experiences have you had with hospitals? How have they affected your attitudes? _____

INTERESTS / SKILLS / HOBBIES

Please indicate your interests, skills, hobbies _____

COMMITMENT

To ensure that you derive the maximum benefits from your volunteer service, the Volunteer Services Department requires that all volunteers give a minimum commitment of 50 HOURS per calendar year, or as determined during the placement process.

TIME AVAILABLE: (Please check all shifts available.)

	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.
MORNING							
AFTERNOON							
EVENING							

Volunteer assignments are determined based on hospital needs.

Please indicate your areas of interest:
 ___ Child Care Center (BH only) ___ Department Greeter (Maternity & Surgery)
 ___ Gift Shop (BH & AGH) ___ Office/Clerical
 ___ Patient Services (Transport, etc.) ___ Information Desk
 ___ Other: _____

When are you available to begin volunteering? _____

For Office Use Only:

Information Meeting:_____

Assignment:_____

References Sent:_____

Day:_____

CORI Sent:_____

Time:_____

References Received:_____

Start Date:_____

Orientation:_____

TB read:_____

For Office Use Only:

COMMENTS: