



ADULT VOLUNTEER APPLICATION

GENERAL INFORMATION:

Last/First Name _____ MI: _____ D.O.B.: _____ Sex: M ___ F ___

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

What Is The Best Way To Contact You (Cell/Home/Email)? _____

Emergency Contact/Number : _____ Relationship: _____

EDUCATION HISTORY: Circle the most years completed

High School 9 10 11 12 College 1 2 3 4 Post-graduate 1 2 3 4

Name of High School _____ City/State _____

Major _____ Degree/Licensure/Certification _____

Major _____ Degree/Licensure/Certification _____

Current School _____ City/State _____ Year _____

AREA OF INTEREST: Check your placement(s) of choice

___ TR/Child Life ___ Waiting Room Recreation ___ Clerical/Administrative

___ Therapy (PT/OT/ST/TR) ___ Nursing Department ___ Medical Day Care

___ Medical Records ___ Marketing ___ Lobby Greeter

___ Human Resources ___ Social Work ___ Dietary/Nutrition

___ Outpatient Recreation Programs (Adapted Aquatics & Sibling Summer Program)

AVAILABILITY:

Please list the days of the week & approximate times (in 2 hour blocks) you are able to volunteer:

QUESTIONS:

Are you fluent in any languages besides English (including American Sign Language)? If so, what language? Would you be interested in helping out as an interpreter for a patient if needed?

Do you have any special skills/interests/hobbies (i.e. music, art, sports etc.)? If so, please list:

Are there any health reasons that might limit your ability to volunteer? Yes _____ No _____

If yes, please explain: _____

Please briefly describe why you are interested in volunteering for WCRH & what you hope to gain by your volunteer experience:

EMPLOYMENT HISTORY: List current place of employment and last two places of employment.

Place of employment: _____ Position Held: _____ Dates: _____

Supervisor's Name: _____ Phone: _____

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VOLUNTEER EXPERIENCE:

Do you have any experience as a volunteer? If yes, where? In what capacity? Please describe:

ADDITIONAL QUESTIONS:

Have you ever been convicted of a law violation (excluding traffic violations)? Yes ____ No ____

If yes, explain: _____

How did you hear about our volunteer program?

*Newspaper ____ *Friend/Relative ____ *School ____ *WCRH Website ____ *Other _____

STATEMENT OF UNDERSTANDING

- ❖ I certify that all statements made in this application are true to the best of my knowledge.
- ❖ I understand that Weisman Children’s Rehabilitation Hospital reserves the right to accept or reject my application in its sole discretion.
- ❖ I understand that I will be required to have a health screening and examination.
- ❖ I understand that I will be required to present copies of my immunization records & written verification from my personal physician of:
 - Two MMR vaccines (measles, mumps, and rubella) **OR**
 - Titers for each disease and verification of immunity to the chicken pox disease
- ❖ I understand that I will be required to have a 2 step Mantoux Tuberculosis Skin Test.
- ❖ I understand that I will have to undergo a Criminal Background Check.

By signing my name below I agree to the above and understand that any misrepresentation, falsification, misleading statements or omission of facts made by me may result in my disqualification from further consideration for volunteering at WCRH.

Signature of Applicant

Date



Volunteer Reference Form

Reference Name: _____ Phone/Email: _____

Address: _____ City/State/Zip: _____

Permission is hereby granted to Weisman Children's Rehabilitation Hospital to check references.

Applicant's Name: _____ Signature: _____ Date: _____

The individual named above has applied to be a volunteer at Weisman Children's Rehabilitation Hospital. Applicants are required to supply written references. Accordingly, the applicant has chosen you to provide a reference. Please answer the questions to the best of your ability. Thank you for your time.

What is your relationship with the applicant? Years known? _____

Do you feel the applicant is honest and is able to maintain patient confidentiality? Please explain: _____

Do you feel the applicant exhibits emotional maturity and can work with children with special needs? Please explain _____

Do you feel the applicant takes initiative and fulfills commitments and responsibilities? Please share an example: _____

Volunteers are required to follow a schedule. Do you feel the applicant will effectively utilize their time? Please explain _____

Do you feel the applicant can manage stressful situations? Please explain: _____

In your own words why do you feel this individual would be a successful volunteer? _____

Reference Signature: _____ Date: _____



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