



Volunteer Registration

501 Summit
Yankton, SD 57078

Mission:

Avera Sacred Heart Health Services has as its mission to improve the health status of the people of its service area by providing readily accessible high quality healthcare services in a Catholic, Benedictine setting.

PERSONAL					
Name : First	Middle	Last	Date:		
Address: Street	City	State	Zip Code	Home Phone:	
Birth date:	Business Phone:		Assignment:		
Emergency Contact:					
Emergency Contact:			Emergency Contact Phone Number:		
List Volunteer Experience:					
Other Involvements (Special training, skills, hobbies, crafts, music, special interests, and/or service groups)					
EDUCATIONAL DATA					
Type	Name of School	Address	Graduate?	Degree Type	Field
High School					
College or University					

Present or Last Employer		
Name of Business	Address: Street	City State Zip Code
Your Title	Duties	
REFERENCES		
PERSONAL REFERENCES WHICH WE MAY CONTACT (do not list relatives)		
Name	Address Phone No.	Occupation
Name	Address Phone No.	Occupation
Name	Address Phone No.	Occupation
For Reference Purposes: Is your educational or employment history listed under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name?		
GENERAL INFORMATION		
Do you have any health-related problems or physical limitations? _____		
Date of your last physical: _____ Name of your Physician: _____		
Do you speak any foreign languages? _____		
Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have daytime access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Days preferred: _____ AM. or P.M. _____		
Weekends? _____ Holidays? _____ Evenings? _____ Days? _____		
Hospice Volunteer Questions only:		
Why do you want to become a Hospice Volunteer? _____		
Has someone close to you died recently? If yes, please explain the circumstances: _____		
REGISTRANT'S STATEMENT		
I HEREBY GIVE Avera Sacred Heart Services the right to contact my references. I release from all liability all persons, companies and corporations who supply such information. I indemnify Avera Sacred Heart Health Services against liability that might result from such an investigation.		
Date _____	Registrant's Signature _____	