

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background will aid us in placing you in the position that best meets your qualifications. This facility is an equal opportunity employer. Employment, educational opportunities and promotions in all job classifications are without regard to race, color, creed, sex, age, national origin, religion, disability or military status.

Please complete the application below, circling the correct answer when given a choice.

BASIC INFORMATION

Name: _____

Primary Phone: (_____) _____
CIRCLE: CELL HOME/landline WORK

Secondary Phone: (_____) _____
CIRCLE: CELL HOME/landline WORK

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

BACKGROUND: GETTING TO KNOW YOU

Birth Date (month & day only) : ____/____/____
MONTH DAY

Are you a past or present Avera employee?
NO YES – which department? _____

Education (Highest Level Completed):

Major/Degree/Training:

Hobbies/Skills/Languages/Interests:

Previous Volunteer Experience:

OTHER IMPORTANT INFORMATION

I am interested in the following volunteer opportunities (you may check as many as you wish):

- ____ Information Desk
- ____ Menu Distribution to patients
- ____ Surgery Reception
- ____ Specialty Clinic Reception

- ____ Clerical Duties
- ____ Hospice
- ____ escorting customers to services
- ____ helping with special events/services

Please circle each day & enter the hours you would be available:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

LOCAL EMERGENCY CONTACT

Name _____ Relationship: _____

home (_____) _____ cell (_____) _____ work (_____) _____

REFERENCES: List 2 persons not related to you who can judge your qualifications for this position. If you have previous experience as a volunteer, one reference should be from that organization.

REFERENCE #1

Name _____

Home phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Email Address: _____

How are you acquainted? _____

REFERENCE #2

Name _____

Home phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Email Address: _____

How are you acquainted? _____

I understand that by submitting this application and if accepted as a volunteer:

- I voluntarily offer my services with a clear understanding that there is no monetary compensation.
- I will endeavor to be prompt and regular in my service.
- I will observe all hospital regulations.
- I authorize persons listed as references to release information.
- I understand that Avera Queen of Peace will complete a criminal background check.
- I certify that all information on this application is true and complete.

I hereby give Avera Queen of Peace Health Services the right to investigate my past employment, education, and activities. I release from all liability all persons, companies, and corporations who supply such information. I indemnify Avera Queen of Peace Health Services against liability that might result from such investigation. I understand that any false answer or statements or implications I might make in this application shall be considered sufficient cause to deny volunteer opportunity or for discharge if already on staff.

I also understand that nothing contained in this application or in the granting of an interview is intended to create a volunteer relationship between Avera Queen of Peace Health Services and myself. I have received no promise regarding a position as a volunteer, and I understand that no such promise or guarantee is binding on Avera Queen of Peace Health Services unless made in writing. If a volunteer relationship is established, I understand that I have the right to terminate my position at any time for any reason and that Avera Queen of Peace Health Services has a similar right.

SIGNATURE: _____ DATE: _____