



Christian Health Care Center

ESTABLISHED 1911

## VOLUNTEER APPLICATION

Dot Faasse, Coordinator of Volunteers • (201) 848-5797

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Phone no. \_\_\_\_\_ E-mail \_\_\_\_\_ Date of birth (optional) \_\_\_\_\_

### Educational background

K to 12     College     Other

If currently in school, what is the name of your school? \_\_\_\_\_ Your grade level \_\_\_\_\_

Have you had any previous volunteer experience? If so, what did you do? \_\_\_\_\_

### Preferences

As a volunteer, would you be interested in  Patient contact     Non-patient contact

Check any of the following in which you are skilled  Computers     Leading groups     Musical instruments

Other skills \_\_\_\_\_

Schedule preference (Check all that apply.)

Time of day     A.M.     P.M.

Day of week     Monday     Tuesday     Wednesday     Thursday     Friday

Saturday     Sunday

### References

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Additional information

Have you ever had any association with Christian Health Care Center?

Yes     No    If yes, please explain: \_\_\_\_\_

In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I will notify the Coordinator of Volunteers if I am unable to keep my volunteer assignment. I agree to abide by the requirements and regulations of Christian Health Care Center and the service to which I am assigned. I will be punctual, courteous, dependable, and keep in confidence all information that I may hear concerning a patient, doctor, employee, or volunteer.

Signature \_\_\_\_\_

### For Volunteer Department use only

Interview date \_\_\_\_\_ Start date \_\_\_\_\_

Location assignment \_\_\_\_\_

Tour     Mantoux     Self-learn orientation packet     ID badge

Sign-in sheet     Added to file