

**FOR OFFICE USE ONLY**

Applicant Letter Sent \_\_\_\_\_  
 Reference Check \_\_\_\_\_  
 Interview Conducted \_\_\_\_\_  
 Follow-Up Letter Sent \_\_\_\_\_  
 Attended Orientation \_\_\_\_\_  
 Consent Form \_\_\_\_\_  
 Preference Form \_\_\_\_\_  
 Assignment Letter Sent \_\_\_\_\_  
 Polo/Nametag \_\_\_\_\_  
 Added to Labels \_\_\_\_\_  
 Added to Schedule \_\_\_\_\_  
 FYI Sheet Sent \_\_\_\_\_  
 Evaluation Date Marked \_\_\_\_\_

VOLUNTEER SERVICES

**VOLUNTEEN APPLICATION**

Full Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

***Person to be contacted in case of emergency (preferably your parent). If this person is working, give the telephone where they can be reached.***

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Where employed: \_\_\_\_\_ Teens Doctor's Name: \_\_\_\_\_

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Hobbies, Skills, Special Interests: \_\_\_\_\_

Community Affiliations (club, church, etc.): \_\_\_\_\_

Please Provide Two Adult Character References (NOT RELATIVES):

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Reasons You Are Interested in Becoming a Volunteer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there medical or other limitations which would affect the type of volunteer work you could perform? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
A conviction will not necessarily disqualify you from consideration for volunteer services. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness. If yes, what was the felony \_\_\_\_\_  
\_\_\_\_\_ and when did it occur \_\_\_\_\_

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**PLEDGE FOR VOLUNTEERS**

**BELIEVING** that the hospital has a real need of my services as a volunteer:

- I will be punctual and conscientious in the fulfillment of my duties and accept supervision from staff members graciously.
- I will conduct myself with dignity, courtesy and consideration.
- I will consider as CONFIDENTIAL all information which I may hear directly or indirectly concerning a patient, physician, volunteer or hospital staff member, and will not seek information in regard to a patient or their family.
- I will take any problems, suggestions, criticisms or concerns to the Community Relations Coordinator who serves as liaison for Volunteer Services.
- I will endeavor to make my volunteer work of the highest quality.
- I will commit to at least 40 volunteer hours to receive credit for any hours worked.
- I will uphold the traditions and standards of Pekin Hospital and interpret them to the community at large.

**REMEMBER...**

*What you see here, What you hear here, While you volunteer here  
Let it stay here, When you leave here.*

**I agree to abide by the above provisions and understand that any violation may be grounds for dismissal from the program.**

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN APPLICATION TO:**

**Pekin Hospital  
Christie Perry  
Community Relations Department  
600 S. 13th Street  
Pekin, IL 61554**