



VOLUNTEER SERVICES  
APPLICATION

Full Name: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**PLEASE LIST ANY PREVIOUS WORK AS A VOLUNTEER:**

\_\_\_\_\_  
\_\_\_\_\_

**(OPTIONAL) PLEASE LIST ANY COMMUNITY AFFILIATIONS (IE, CLUBS, CHURCH, OR OTHER ORGANIZATIONS):**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE TWO CHARACTER REFERENCES (NOT RELATIVES):**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**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 \_\_\_\_\_

**AREA(S) YOU MAY BE INTERESTED IN VOLUNTEERING: (PLEASE CHECK ALL THAT APPLY):**

- \_\_\_\_\_ Courier (Delivery of flowers to patients)
- \_\_\_\_\_ Newspaper (Deliver local paper to patient rooms and areas in the hospital)
- \_\_\_\_\_ Radiology (Assist patients in the Radiology Department)
- \_\_\_\_\_ Pharmacy (Deliver pharmacy items to the floors)
- \_\_\_\_\_ Surgical Waiting (Make coffee and serve as hostess to families of patients having surgery)
- \_\_\_\_\_ Office Assistance (Make copies, typing, filing, etc.)
- \_\_\_\_\_ Front Lobby (Greet and direct visitors and look up patient room numbers on computer)--Evenings and weekends.
- \_\_\_\_\_ Escorts (Serve to assist patients with their admission and dismissals. In addition, they transport items such as x-ray film, lab tests, medical records, etc. from one department to another)

\*\*\*\*\*

**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. I also agree that by signing this form I am allowing Pekin Hospital to check my references and check with my previous volunteer supervisor.**

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

**PLEASE RETURN APPLICATION TO:**

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