



Adult Volunteer Application

Name (First, Middle, Last)	Social Security No. <i>Requested at time of interview</i>
Home Address (Street, Apartment Number)	E-Mail Address
City, State, Zip	Telephone Number (H) (W)
Emergency Contact Relationship	Telephone Number (H) (W)

Preferred method of response: Phone E-mail Mail
 Are you here to fulfill court-ordered community service? Yes No
 At which location would you like to volunteer your time:
 Covenant Medical Center - Waterloo Satori Memorial Hospital - Cedar Falls Mercy Hospital - Oelwein

WORK OR VOLUNTEER EXPERIENCE		
Employer/Organization	Job Title	Length of Stay

REFERENCES (NOT RELATIVES)		
Name	Address, City, State, Zip	Telephone Number
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VOLUNTEER AGREEMENT

- I understand that if accepted as a volunteer:
- I agree that at no time will any information regarding patients or operations of the hospital be revealed to anyone other than those authorized to receive it.
 - I agree to supply any pertinent health history that may affect my volunteer position.
 - I authorize permission for all named references and educational institutions to release personal and professional information to the Volunteer Services office. I also consent to a check of my driving record and police record search if required. I further release Wheaton Franciscan Healthcare, as well as those supplying information, from any and all liability from these investigations. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.
 - I voluntarily offer my services with a clear understanding that there is no monetary compensation.
 - I will observe all rules and regulations specified by Wheaton Franciscan Healthcare.
 - I understand that any false statement made as part of this application may be considered sufficient cause for termination of my volunteer agreement.
 - I agree to adhere to the code of conduct guidelines as set forth by the Volunteer Services Department, located in the Volunteer Handbook.

This signature certifies that I completed this application, and that all entries on it and the information in it are true and complete to the best of my knowledge.

Signature _____ Date _____

Wheaton Franciscan Healthcare will consider all qualified individuals interested in contributing volunteer service without regard to race, religion, disability, color, age, sex or national origin.