

St. Luke Health Services
Volunteer Application Form

Name: _____ Telephone: _____

Address: _____ City/State/Zip _____

Birthdate: _____ E-mail _____

In case of emergency, please contact: _____

Telephone: _____ Relationship: _____

Have you ever pled guilty to or been convicted of a criminal offense (not including traffic violations): _____ If yes, please explain: _____

What is your reason for applying? (if you are applying for community service, please explain completely) _____

How did you find out about volunteering at St. Luke?

Why did you choose St. Luke to volunteer? _____

Do you have any work experience relevant to working with the elderly?

List any special hobbies, skills or special interests you have:

List any group affiliations (clubs, churches, committees, councils, etc.):

Please check the types of activities you think you would prefer:

_____ Reading, visiting, traveling room to room for one-to-one activities

_____ Playing cards, games, Bingo, Bunco

_____ Helping with special group events, socials, outings

_____ Arts & Crafts, decorating facility

_____ Other: _____

What days do you prefer? _____ Hours? _____

List three references who have known you for at least one year:

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The following statement is part of this application. Read it carefully and sign below.

I agree to abide by St. Luke rules and regulations. The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation of facts herein will be cause for immediate dismissal. I authorize this facility to contact any or all references for full information.

Your signature: _____

Date: _____

For Volunteer Coordinator use only:

_____ TB screening/proof

_____ MMR proof

_____ General orientation/Tour of facility

_____ Reference check/note