CHN
Community Health Network

Application for Volunteer Services

Complete both sides of this form. Type or print please.

Return to:
Volunteer Services Coordinator
Berlin Memorial Hospital
225 Memorial Drive
Berlin, WI 54923

Name: _____

Title: ❑ Mrs. ❑ Mr. ❑ Ms. ❑ Dr.
❑ Fr. ❑ Rev. ❑ Other: _____

Nickname (if applicable): _____

Address: _____
Street *City* *Zip Code*

Home Phone: _____ Work Phone: _____

Birthday: *(Month and day only)* _____

Person to contact in case of emergency:

Name: _____ Relationship: _____

Address: _____
Street *City* *Zip Code*

Telephone *(include area code)*: _____

MEDICAL HISTORY

Do you have a recent or existing medical condition that may restrict your ability to perform some volunteer duties?

❑ Yes ❑ No If yes, please explain: _____

_____

Date of your last physical examination: _____ Last Chest X-Ray: _____

EXPERIENCE

Previous volunteer experience: _____

_____

_____

Special skills and interests: _____

_____

_____

CHECK ALL AREAS OF INTEREST

Berlin Memorial Hospital
- ❑ Patient Escort
- ❑ Gift Shop
- ❑ Surgical Waiting Room
- ❑ Mobile Meals
- ❑ Host / Greeter

Juliette Manor
- ❑ Escort
- ❑ Recreation
- ❑ Arts / Crafts
- ❑ Religious Activities

Special Projects
- ❑ Crafts / Sewing
- ❑ Mailings
- ❑ Clerical Services
- ❑ Fund Raising Events
- ❑ Blood Drive Aide

Days you are available to work: *(please check all that apply)*

❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Saturday

Hours you are available to work: *(please check all that apply)*

❑ Morning ❑ Afternoon ❑ Evening

(Continued on reverse side →)

Participation Agreement

Please use the check boxes as the left hand side of this page as an indication that you have read, understand and agree to each of the statements below. This form must be completed, signed and dated before volunteer service can begin.

- ❑ I shall not disclose or seek to obtain any information concerning patients/residents, doctors or personnel. I understand that the giving of information concerning a patient/resident to those not authorized to receive such information is unlawful and shall be sufficient cause for my immediate dismissal from volunteer service at Community Health Network.
- ❑ I voluntarily offer my services with a clear understanding that there is no monetary compensation nor do I have any expectation of future employment.
- ❑ I shall be punctual, conscientious, courteous and considerate.
- ❑ I shall conduct my work at Community Health Network in a professional manner.
- ❑ I shall attempt to resolve any problems or concerns related to my volunteer activities with the Volunteer Services Coordinator and will work with the coordinator in an effort to find possible solutions to the problems concerning the Community Relations / Volunteer Services Department or CHN as an organization.
- ❑ I understand that Federal and Healthcare accreditation agencies require inservices for all volunteers in order to maintain consistent performance levels. Such inservices provide training, organizational updates and interaction with fellow volunteers and department staff. I agree to attend periodic inservices.
- ❑ I agree to any necessary health screening required by Community Health Network and understand the continuation of my status as an active volunteer is contingent upon the annual maintenance of such health screenings.
- ❑ I shall, at all times, uphold the mission, vision and values of Community Health Network and the Community Relations/Volunteer Services Department.
- ❑ I understand that the Community Relations/Volunteer Services Department reserves the right to terminate my status as a volunteer as a result of (a) failure to comply with policies, rules and regulations; (b) absences without notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgement of the department coordinator, would make my continued service as a volunteer contrary to the best interests of Community Health Network.
- ❑ Beyond my specified duties, I pledge to serve as an ambassador on behalf of Community Health Network.
- ❑ I have reviewed, understand and agree to the above conditions.

Signature: _____ Date: _____