



An Affiliate of  UnityPoint Health

Volunteer Application Form

Contact Information and Demographic Information:

First Name: _____ Last Name: _____

Middle Name: _____ Nickname: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birthdate: (mm/dd/year) ____/____/____ Gender: M F

Best way of contact: Phone ☐ Text ☐ Mail ☐ Email ☐

Highest Level of Education: Graduate Undergraduate High School Still in School

Major or Degree (if applicable): _____

Student (Middle School, High School and College) Section Only

Name of Current School: _____

Current Grade/Year in College: _____

Emergency Contact:

First Name: _____ Last Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Relationship: _____

How did you hear about our program?

- | | |
|---|--------------------------------------|
| <input type="radio"/> Another Volunteer | <input type="radio"/> College Campus |
| <input type="radio"/> Church | <input type="radio"/> Friend |
| <input type="radio"/> LCHC Employee | <input type="radio"/> Newspaper Ad |
| <input type="radio"/> High School | <input type="radio"/> Physician |
| <input type="radio"/> Self-Inquiry | <input type="radio"/> Other: _____ |

Where do you wish to volunteer?

- ☐ Ambassador
- ☐ Chaplain
- ☐ Fundraisers and Events Partner
- ☐ Gift Shop
- ☐ Lifeline Volunteer
- ☐ Safety/Activity Volunteer
- ☐ Senior Health Insurance Information Program (SHIIP) Counselor
- ☐ Surgical Procedure Partner
- ☐ Volunteer Department Partner

Availability: Check boxes for days and times you are available to volunteer.

	Saturday/Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would be willing to:

- ☐ Assist with patients/visitors
- ☐ Filing and alphabetize
- ☐ Greet and talk with patients/visitors
- ☐ Operate Volunteer Computer Software
- ☐ Restock items
- ☐ Sit for long periods of time
- ☐ Escort patients/visitors
- ☐ Gift Shop/Handle money
- ☐ Handle patient complaints
- ☐ Light typing
- ☐ Operate handheld computer devices
- ☐ Run a cash register
- ☐ Visit patient at bedside
- ☐ Answer phones
- ☐ Lift objects up to 10 lbs.
- ☐ Operate/care for coffee dispensers
- ☐ Push patients in wheelchair
- ☐ Run errands within the hospital
- ☐ Stuff envelopes, put files together
- ☐ Volunteer 4 hours or more at a time
- ☐ Coordinate volunteer schedules
- ☐ Help plan Volunteer Services events
- ☐ Scan/organize documents

I understand and agree that submitting this application does not automatically enlist me as a volunteer at Lucas County Health Center. I understand and agree there may be policies I must agree to and qualifications I must meet before accepted. I also understand that there is no employer-employee relationship relative to my volunteerism and I will not receive monetary compensation in exchange.

Signature: _____ Date: _____

Parent/Guardian Signature: _____