

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Weekdays M T W TH F Mornings Afternoons
 Hours Per Shift 4 hours 8 hours Other _____
 Weekly By-Monthly Monthly Occasionally

Interests

Tell us in which areas you are interested in volunteering (check all that may be of interest):

- General Service
- Greeter
- Gift Shop
- Oncology Cart
- Clerical Assistance
- Gardening
- Ambulatory Care Assistance
- Outreach Programs
- Fundraising
- Other _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I verify that all information is correct. I also agree to treat both patient and/or staff records as highly confidential. I will not discuss any information which I hear, see, read or otherwise acquire except what is appropriate to discuss with hospital staff in a private setting.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please return completed application to

Sula Eads
Volunteer Coordinator
Bedford Regional Medical Center
2900 W 16th Street
Bedford, IN 47421

Questions? Call 812-275-1363