Amery Hospital & Clinic Foundation

265 Griffin Street East
Amery, WI 54001
715-268-0316

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Home Phone: _____ Work/Cell Phone: _____

How did you hear about our Volunteer Program? : _____

AREAS OF VOLUNTEER INTEREST

- ☐ EVS Department
- ☐ Special Projects
- ☐ My Life, My Story Program
- ☐ Computer work
- ☐ Patient and Family Advisory Committee
- ☐ Administrative tasks

Availability

Please indicate the days and times you are available to volunteer.

	Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

Special skills and interests: (office skills, arts, crafts, music, language etc.) _____

_____

EMPLOYMENT/WORK EXPERIENCE

Are you currently employed? Yes ☐ No ☐

Employer: _____ Hours per week: _____

Past employment history: (list most recent)

Employer:	1. _____	2. _____
Position held:	_____	_____
Date employed:	_____	_____
Reason for leaving:	_____	_____

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PERSONAL REFERENCES

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Are you related to or do you know any employee or volunteer of Amery Hospital & Clinic? Yes ☐ No ☐
Name: _____

Relationship: _____ Department: _____

I certify that all statements on this application are true and complete to the best of my knowledge. I grant permission to Amery Hospital & Clinic to investigate references needed to complete the application process and I release the same from any liability resulting from such investigation. Volunteers who are at least 18 years old acknowledge that they will be subject to and must be cleared by a criminal background check. If selected as a volunteer, I understand that any omission, misrepresentation, or falsification of this record may be considered cause for termination. I further understand that as a condition of volunteering, Amery Hospital & Clinic requires that I be cleared through its own health screening process. If selected as a Volunteer, I will be required to attend a Volunteer Orientation as well as additional training where necessary. I will be required to sign a Confidentiality Policy Statement. I agree to observe all hospital regulations and policies. I understand that Volunteers are not covered by Worker's Compensation and that I am responsible for maintaining my own health insurance. I voluntarily offer my services with a clear understanding there will be no monetary compensation and that volunteering does not lead to employment.

Name: _____ Date: _____

Signature: _____ Date: _____

Email this completed application to doreen.j.snell@amerymedical.com. After receiving the application, the volunteer coordinator will contact you. If your skills and availability meet a need at Amery Hospital & Clinic, an interview will be scheduled.