OUR LADY
OF THE ANGELS
HOSPITAL
*Franciscan Missionaries of
Our Lady Health System*

Our Lady of the Angels Hospital Volunteer Application

Name_____Date_____

Telephone_____

Address_____Zip Code_____

Sex_____Date of Birth_____SS#_____

In case of Emergency Notify _____
                                   Name   Home Phone

_____
Work Phone   Relationship to you

If presently employed, name of firm_____

Position_____Work hours & Days _____

Former Employer_____Position _____

Dates of Employment_____Phone Number_____

Completed Education_____

Limitations Related to Health_____

How did you become interested in our volunteer program?_____

Have you had volunteer experience?   ❑ Yes   ❑ No
Previous volunteer experience_____

Indicate Hobbies / special interests_____

References:

Name_____Phone_____
Address_____City_____State_____Zip _____

Name_____Phone_____
Address_____City_____State_____Zip _____

Name_____Phone_____
Address_____City_____State_____Zip _____

Have you ever been convicted of a crime?_____ If yes, explain when, where, and disposition of case_____.

Interest / Skills (please indicate with a check mark which you would be willing to share as a volunteer)	
Clerical Skills	❑ typing ❑ filing ❑ phone receptionist ❑ using copier ❑ librarian ❑ record updating ❑ numerical updating ❑ computer ❑ alphabetizing ❑ cash register ❑ sales ❑ other (specify_____)
Patient care services (as applicable to the hospital)	❑ infant / child care ❑ patient escort and transport service ❑ messenger service ❑ feed patients ❑ visiting patients ❑ greeting patients ❑ other (specify_____)
Communication Skills	❑ journalism ❑ photography ❑ foreign language ❑ other (specify_____)
Personal skills (to use or teach)	❑ knitting ❑ crocheting ❑ macramé ❑ sewing ❑ crafts ❑ special event host ❑ repairs ❑ tour guide ❑ other (specify_____)
Additional Skills / Comments_____ _____	
Special area of interest in volunteering _____ _____	

Time Available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Are there any work activities or conditions you must avoid?_____
_____

The above information is accurate and correct to the best of my knowledge.

Signature_____ Date_____

Your signature indicates your approval for us to check references. The volunteer services department is not obligated to provide a placement, nor are you obligated to accept the position offered.

Interviewer_____

Orientation Date_____

Area of Assignment_____Start Date_____