



Southern Coos Health Foundation Volunteer Application

Personal Information:

Name:

Mailing Address:

Cell Phone #:

Home Phone #

Email Address:

Parent's/Guardian's Name (If under 18)

Education and Employment:

Education/Special Training

Occupation/Academic Major

Employer Name/School's Name

Emergency Contact Information:

Name:		Name:	
Primary Phone:		Primary Phone:	
Secondary Phone/E-mail:		Secondary Phone/E-mail:	

Volunteer Information:

How did you hear about the Southern Coos Health Foundation Volunteer Program?

Previous Volunteer Experience: (List most recent positions)

Agency:		Agency:	
Dates:		Dates:	

Describe the agencies and your volunteer responsibilities:

Availability:

Please check off the days of the week that you are available to work and indicate the times.

<input type="radio"/> Monday		<input type="radio"/> Friday	
<input type="radio"/> Tuesday		<input type="radio"/> Saturday	
<input type="radio"/> Wednesday		<input type="radio"/> Sunday	
<input type="radio"/> Thursday		<input type="radio"/> Seasonal	

Are you willing to be on call? _____ Yes _____ No

What current programs would you prefer to help with? (Number in order of preference)

- | | |
|---|---|
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Communications Committee |
| <input type="checkbox"/> Event set-up | <input type="checkbox"/> Event staffing |
| <input type="checkbox"/> Card Committee | <input type="checkbox"/> Office duties |

What types or programs would you be interested in seeing and helping with at Southern Coos Hospital & Health Center and Southern Coos Health Foundation?

What would you like to get out of your volunteer experience? What would make you feel like you have been successful?

What have you enjoyed most about your previous volunteer positions?

What skills and qualities do you feel you have to contribute to the Southern Coos Health Foundations volunteer program?

Describe your ideal supervisor. What sort of supervisory style do you prefer to work with?

Statement of Understanding:

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency for any liability whatsoever for supplying such information.

I understand that I must be at least 15 years of age to volunteer with the Southern Coos Health Foundation at Southern Coos Hospital & Health Center and if I am under 18 years of age and/or attending high school I will need parental consent.

Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which I applied.

Applicant Signature: _____ **Date:** _____

Parental Signature: _____ **Date:** _____

All volunteers will be required to participate in HIPAA training. This training will be provided by Southern Coos Hospital and will be organized by the Southern Coos Health Foundation.

HIPAA training completed:

Applicant Signature: _____ **Date:** _____

Parental Signature: _____ **Date:** _____