



# 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:

Why is the Southern Coos Health Foundation Ambassadors for Health Program important to our Bandon Community? Why is volunteering important to you?

### 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? (Check all that apply)

- Gift Shop
- Events
- Greeter
- TeleCare (Weekly check-in calls to patients)
- Visiting with Patients at Southern Coos
- Special Projects
- Office duties

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

---

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?

---

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 16 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 will receive training (including HIPAA) necessary to carry out volunteer duties.

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. This section will be completed in orientation.  
HIPAA training completed:

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parental Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Application will be determined after Background check and drug screen are completed**