



Volunteer Application

Fort Madison Campus

Date *



Month Day Year

Name *

First Name Last Name

Address *

Street Address

City State / Province

Postal / Zip Code

Phone Number *

Please enter a valid phone number.

Do you have any volunteer experience? *

Yes

No

Check areas that you are interested in volunteering

Auxiliary Membership
Courtesy Services/Information Desk
Emergency Department Registration
Gift Shop
Home Health & Hospice
Materials Management
Rehabilitation Services
Senior Health Insurance Information Program (SHIIP)

Why do you want to volunteer? *

Emergency contact information

Name *

First Name Last Name

Home phone

Please enter a valid phone number.

Work phone

Please enter a valid phone number.

Cell phone

Please enter a valid phone number.

References

Please provide information for three personal or professional references who are not relatives. Providing this information gives Volunteer Services permission to contact them.

Name *

First Name Last Name

Address

Street Address

City State / Province

Postal / Zip Code

Phone Number *

Please enter a valid phone number.

Email

example@example.com

Name *

First Name Last Name

Address

Street Address

City State / Province

Postal / Zip Code

Phone Number *

Please enter a valid phone number.

Email

example@example.com

Name *

First Name

Last Name

Address

Street Address

City

State / Province

Postal / Zip Code

Phone Number *

Please enter a valid phone number.

Email

example@example.com

Background Check and Consent

Do you have a record of founded child or dependent adult abuse in this state or any other state? *

- Yes
- No

If yes, please give dates and explain

Have you ever been convicted of a felony in this state or any other state? *

- Yes
- No

If yes, please give dates and explain

I understand and agree

I hereby authorize the Volunteer Services Department at Southeast Iowa Regional Medical Center to investigate my past and to ascertain any and all information, which may concern my work and volunteer records, educational history and character. I also authorize Southeast Iowa Regional Medical Center to investigate all statements contained in this application to include criminal, and child and dependent-adult information as well as my character and qualifications. I hereby release Southeast Iowa Regional Medical Center, its Volunteer Services Department and all employees of any damage whatsoever for issuing same. I further authorize the Volunteer Services Department to maintain this information in their records, release, and above them from all liability for acts performed in good faith and without malice in connection with the evaluation of my application.

Disclaimer: Because we take our responsibility seriously, we screen all our applicants thoroughly. While we try to place every prospective volunteer, the hospital reserves the right to reject any application.

Signature *

Entering your name will serve as your electronic signature

I agree *

- Yes

Social security number *

Date of birth *



Month Day Year