



# WINCHESTER DISTRICT MEMORIAL HOSPITAL

## Application to Provide Volunteer Services

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Postal Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**1. I am interested in volunteering at Winchester District Memorial Hospital: (check one)**

- To fulfill a requirement to graduate
- As part of a court-mandated volunteer requirement
- For personal interest
- Other (specify) \_\_\_\_\_

**2. In what areas would you be interested in volunteering?**

**(check all that apply)**

- Administrative – photocopying, delivering mail, etc.
- Patient Care
- Retail – Gift Shoppe, HELPP Lottery ticket sales
- Other (specify) \_\_\_\_\_

**3. Please specify any special skills/training you possess:**

- Accounting                       Secretarial                       Computer
- Retail                                       Fundraising                       Palliative Care
- Knitting                                       Crafts                                       Sewing
- Other(s): \_\_\_\_\_

**4. Please specify your availability for volunteer duties:**

**(check all that apply)**

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Do you have any restrictions that may affect your volunteer placement or duties? (circle all that apply)**

Hearing    Lifting    Walking    Standing    Other (specify) \_\_\_\_\_



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6. Do you have any other volunteer involvement?

( ) Presently ( ) In the past

If yes, please provide details (name of organization, duration with the organization, nature of duties).

\_\_\_\_\_
\_\_\_\_\_

7. Do you have any future career plans related to healthcare field?

( ) Yes - (specify) \_\_\_\_\_
( ) No

8. What are your hobbies/interests?

\_\_\_\_\_
\_\_\_\_\_

9. Please provide the names and contact information of two references.

Note: (Must have known you for at least 2 years and must be at least 21 years of age)

Name: \_\_\_\_\_ Tel. \_\_\_\_\_

Name: \_\_\_\_\_ Tel. \_\_\_\_\_

Please read and complete this section:

I intend to fulfill my volunteer duties to the best of my abilities, and will adhere to the policies of Winchester District Memorial Hospital with particular attention to the hospital policy on confidentiality.

I understand that any misrepresentation made by me or my references in connection with my application will be just and sufficient cause for my removal from volunteer duties at Winchester District Memorial Hospital.

\_\_\_\_\_

Applicant Signature

Date

For internal use only:

Applicant has been accepted for volunteer services Yes No Effective date: \_\_\_\_\_

References given were acceptable: Yes No

Signature

Date