



**INFORMATION FORM ADULT VOLUNTEER APPLICANTS
(18 YEARS OF AGE OR OLDER)**

Name _____ Date _____

Physical Address _____

Phone _____ Spouse _____

Mailing Address (if different from above): _____

E-mail Address: _____

Emergency Contact _____ Phone _____

Are you in good health? Yes No

Are you taking any medications Yes No If yes, which ones? _____

Do you have any limitations of which we should be aware? _____

Your doctor's name _____ Phone: _____

Have you ever applied to be an Adventist Health and Rideout volunteer before? Yes No

Previous volunteer experience _____

Previous employment experience _____

Are you now employed? Yes No If so, where? _____

If no, are you actively seeking employment? Yes No

How did you hear about our volunteer program? _____

Would you be interested in serving on committees, etc.? Yes No

What volunteer program(s) interest you? _____

What days and hours are you available?

Mon _____

Fri _____

Tues _____

Sat _____

Weds _____

Sun _____

Thurs _____

What do you hope to gain from volunteering for Adventist Health and Rideout? _____

Personal or Professional References (please exclude relatives):

1. Name _____ Phone _____

Address _____ City _____

State _____ Zip Code _____

E-mail address: _____

2. Name _____ Phone _____

Address _____ City _____

State _____ Zip Code _____

E-mail address: _____

3. Name _____ Phone _____

Address _____ City _____

State _____ Zip Code _____

E-mail address: _____

*The information provided on this application is accurate and correct to the best of my knowledge.
Signature indicates approval for us to check references. The Volunteer Service Department is not
obligated to provide a placement, nor are you obligated to accept the position offered.*

*I understand that my services are donated to AHRO without contemplation of compensation or future
employment and that my services are for humanitarian, public service, or religious reasons.*

Signature: _____ Date: _____

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION,
CREED, RACE, NATIONAL ORIGIN, AGE OR SEX



Volunteer Attendance Agreement

Choosing to be a volunteer at Adventist Health and Rideout is a commitment. Volunteer hours are recorded at various sign-in stations throughout the hospital. Because you will be trained on the job in your department, this is also a commitment of your co-worker's time. Therefore, we require a minimum of 100 hours of volunteering before we can be a reference for jobs, college, high school projects and scholarships.

It is, therefore, very important to consider your assignment seriously. Due to the constant requests by students for assignments, our volunteer placements are usually limited. By accepting a placement, you are promising to be here as scheduled and are filling the spot that another student might occupy.

We know you occasionally you may need to miss a shift. If your absence is unexcused, (that is no call from you or your parent), your supervisor may call your home. Three unexcused absences may result in termination. Since this will be noted in your volunteer file, it will affect any requested references. Excessive excused absences may show a change in commitment and may also result in termination.

You will leave orientation with the name and phone number of your immediate supervisor. Call this person to report your absence. If you call the Volunteer Services Department, you will either be transferred to your department or you risk leaving a voice mail message that may not be received and forwarded in time.

I understand and agree to follow this Volunteer Attendance Policy

Signature of Volunteer

Date