

We welcome the opportunity to consider you for our Partners' Volunteer Program. It is our policy to seek and assign volunteers in positions best suited to the individual's skills/abilities and the facility's needs.

This is done without discrimination based on any characteristic protected by law.

No question on this application is intended to secure information to be used for such discrimination.

**Full Name:** \_\_\_\_\_  
*Last First Middle*

**Present Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip Code*

**Date of Application:** \_\_\_\_\_ **Date Available:** \_\_\_\_\_

**Volunteer Work Preference:**

\_\_\_ Greeter Program (greet, direct, deliver items,  
assist staff with projects)

\_\_\_ Gift Shop (must be Partners member)

\_\_\_ Fundraising (must be Partners member)

\_\_\_ Service Projects

\_\_\_ Other \_\_\_\_\_

Have you ever volunteered or worked  
at Boscobel Area Health Care before?

\_\_\_ Yes \_\_\_ No

Check hours available and circle shifts most preferred: \_\_\_ Days \_\_\_ Evenings \_\_\_ Nights \_\_\_ Any

How did you hear about our volunteer program? \_\_\_\_\_

Have you been convicted of, or are you currently charged with, a felony, misdemeanor or municipal ordinance violation? \_\_\_ Yes \_\_\_ No If yes, please explain:

\_\_\_\_\_

(A conviction record will not necessarily bar a person from the opportunity to volunteer).

I hereby authorize Boscobel Area Health Care to contact any persons who may aid the hospital in determining my suitability for volunteer work. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information.

I certify that the above information is correct and any false statements or omissions could be considered cause for immediate dismissal from the program. I understand that any offer of volunteer work made by the facility shall be contingent upon a background check and results of a health assessment. I understand the volunteer relationship can be terminated at any time, with or without cause, and with or without notice, at the option of either Boscobel Area Health Care or me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_