

Jefferson Regional Medical Center ADULT VOLUNTEER SERVICE APPLICATION

83-002-0908

PERSONAL

NAME (LAST)	(FIRST)	(MIDDLE)	HOME PHONE
			CELL PHONE
ADDRESS	CITY	STATE	ZIP
BIRTH DATE	SPOUSE	EMAIL	

BACKGROUND

EDUCATION

SPECIAL TRAINING (HOBBIES OR INTEREST)

WORK EXPERIENCE

VOLUNTEER EXPERIENCE

HEALTH

AS OF THE PRESENT TIME, IS THERE ANY PHYSICAL CONDITION WHICH COULD LIMIT PARTICIPATION IN THE VOLUNTEER PROGRAM? IF SO, EXPLAIN.

PHYSICIAN'S NAME PHONE

CONTACT PERSON IN CASE OF AN EMERGENCY PHONE

VOLUNTEER INTEREST

TIME PREFERENCE

<p>DAYS</p> <p><input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY</p> <p><input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY</p> <p><input type="checkbox"/> SUNDAY</p>	<p>HOURS</p> <p><input type="checkbox"/> MORNING</p> <p><input type="checkbox"/> AFTERNOON</p> <p><input type="checkbox"/> EVENING</p>
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PROGRAM INTEREST

WE SHALL ASSIGN YOU ACCORDING TO AVAILABILITY, INTERESTS, SKILLS AND OUR NEEDS. CHECK ASSIGNMENTS WHICH APPEAL TO YOU.

<input type="checkbox"/> GIFT SHOP	<input type="checkbox"/> INFORMATION DESK	<input type="checkbox"/> PHYSICAL THERAPY	<input type="checkbox"/> NURSING UNIT ASSISTANCE
<input type="checkbox"/> CHART ASSEMBLY	<input type="checkbox"/> ESCORT SERVICE	<input type="checkbox"/> PATIENT REPRESENTATIVE	<input type="checkbox"/> OUTPATIENT/ED/ICCU HOSTESS
<input type="checkbox"/> SPIRITUAL CARE	<input type="checkbox"/> SPECIAL PROJECTS		

** TO COMPLETE APPLICATION SEE BACK OF PAGE **

WHAT INTERESTED YOU IN BECOMING A JRMC VOLUNTEER?

REFERENCE

PHONE

REFERENCE ADDRESS

CITY

STATE

ZIP

SIGNATURE OF APPLICANT

DATE

THE JEFFERSON REGIONAL MEDICAL CENTER IS AN EQUAL OPPORTUNITY EMPLOYER. NO QUESTIONS ON THIS APPLICATION ARE ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANTS CONSIDERATION FOR VOLUNTEER SERVICE BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE OR NATIONAL ORIGIN.

OFFICE USE ONLY

NOTES

RETURN APPLICATION TO:

VOLUNTEER SERVICES
JEFFERSON REGIONAL MEDICAL CENTER
COAL VALLEY ROAD
P.O. BOX 18119
PITTSBURGH, PA 15236-0119
(412) 469-5885