VOLUNTEERS:
A GIFT
FROM THE
HEART

VOLUNTEER APPLICATION

NANTICOKE
HEALTH SERVICES

Always Caring. Always Here.

801 Middleford Road
Seaford, DE 19973

(302) 629-6611
Director, Ext. 2475

(Please Print in Ink)

In considering your application for volunteerism, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

LAST NAME	FIRST	MIDDLE		DATE OF BIRTH:(Year Optional)
PRESENT ADDRESS	CITY	STATE	ZIP	SOCIAL SECURITY NO.
NAME OF SPOUSE:				HOME/CELL TELEPHONE NO.
HOW WERE YOU REFERRED TO THIS FACILITY?				WORK TELEPHONE NO.
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY?		☐ YES	☐ NO	E-MAIL ADDRESS:
NAME:	DEPT:	RELATIONSHIP:		

HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? ☐ YES ☐ NO WHEN?

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS)? ☐ YES ☐ NO IF YES, EXPLAIN:

If your answer is "yes" to either of the above, you will not be automatically disqualified from volunteer placement consideration, except as required by state or federal law.

EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			9 10 11 12	☐ YES ☐ NO	
COLLEGE			1 2 3 4	☐ YES ☐ NO	

REFERENCES (Must have 3 minimum) (Non-family members only) (Complete street and zip code)

NAME AND RELATIONSHIP	TITLE	FULL MAILING ADDRESS (CITY, STATE, ZIP)	TELEPHONE NO.

EMERGENCY NOTIFICATION

NAME:		RELATIONSHIP:
HOME PHONE:	WORK PHONE:	FAMILY PHYSICIAN:

INTERESTS/SKILLS (Please indicate with a check mark)

Clerical Skills:

_____Typing
_____ Filing
_____ Phone receptionist
_____ Using copier
_____ Librarian
_____ Record updating
_____ Numerical updating
_____ Computer:
____ Microsoft Word
____ Excel
____ Power Point
____ Access
____ Publisher
_____ Mailings
_____ Alphabetizing
_____ Cash register
_____ Other (Specify) _____

Communication Skills:

_____ Public speaking/Teaching
_____ Journalism
_____ Public relations
_____ Research
_____ Photography
_____ Calligraphy
_____ Foreign language: _____
_____ Graphic arts
_____ Other (Specify) _____

Patient Care Services:

_____ Messenger service
_____ Transporting
_____ Read to patients
_____ Feeding patients
_____ Visiting/Listening
_____ Other (Specify) _____

Personal Skills to Use or Teach:

_____ Drawing
_____ Painting
_____ Knitting
_____ Crocheting
_____ Dancing
_____ Poetry/writing
_____ Singing
_____ Sewing
_____ Crafts
_____ Needlework
_____ Woodworking
_____ Other _____
_____ Leather work
_____ Gardening
_____ Baking
_____ Musical instrument (Specify) _____

Additional Skills/Comments:

GENERAL INFORMATION AND AVAILABILITY FOR WORK

Indicate preference in assignment:
Patient Care _____ Non-patient _____ Clerical _____

Are you available year round? ☐ Yes ☐ No
If no, when are you away?

How did you learn about the volunteer program at Nanticoke Health Services?

Why are you interested in becoming a volunteer at Nanticoke Health Services?

Please check if you are a member of:

_____ Lioness Club
_____ Retired Senior Volunteer Program
_____ Order of Eastern Star
_____ Hiram Lodge
_____ Lions Club
_____ Acorn Club
_____ Kiwanis
_____ Senior Companion
_____ Other_____

To the best of your knowledge, will you be available to volunteer for at least twelve months from this date?
☐ Yes ☐ No

Will you be available to volunteer a minimum of 100 hours over a twelve month period?
☐ Yes ☐ No

Days and Times Available to Volunteer:

Weekday	Time
_____	_____
_____	_____
_____	_____
_____	_____

Would you be interested in Volunteering to help with:

YES	NO	
☐	☐	Disaster Drills
☐	☐	Disasters
☐	☐	Emergency Child Care Services for staff

WORK/VOLUNTEER EXPERIENCE

Are you currently employed? ☐ Yes ☐ No ☐ Retired ☐ Full Time ☐ Part Time		Occupation:
Employer Name and Address	Supervisor's Name	Telephone Number
Are you currently volunteering? ☐ Yes ☐ No If yes, where?		
Are you currently seeking paid employment? ☐ Yes ☐ No If yes, what type?		

HIGH SCHOOL/COLLEGE STUDENT APPLICANTS ONLY

Name of Parent or Legal Guardian					Telephone No. (Home)
Address	Street & Number	City	State	Zip	Telephone No. (Work)
Are you receiving school credit for your volunteer work? ☐ Yes ☐ No How many hours do you need to complete?					
School Activities					
Name of High School/College					Telephone No. (School)

CERTIFICATION

AFTER COMPLETING APPLICATION, PLEASE READ CAREFULLY AND SIGN

We appreciate your interest in our hospital facilities. A clear understanding of your background and work history will aid us in considering you for the volunteer position that best meets your qualifications/interests.

1. I give permission to Nanticoke Health Services to investigate any and all information concerning my application in order to determine my qualifications. This includes, but is not limited to medical clearance, criminal background checks, employment and personal reference checks. I understand that any misrepresentation of facts contained in this application may be cause for my rejection or dismissal.
2. I agree to be photographed by Nanticoke Health Services.
3. I agree that any personal property carried by me from hospital premises, including my packages, briefcase, or any other hand luggage may be inspected by authorized personnel.
4. I agree to abide by all hospital rules and regulations. I understand that this application and any other hospital documents are not contracts of employment, and that any volunteer who is placed may voluntarily leave for any or no reason, at any time and may be terminated by the hospital at any time and for any reason.
5. In the event of resignation or termination, I agree to return all hospital property loaned to me such as identification badges, uniforms, library books, keys, parking cards, etc.

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as a consent for the hospital to request any information concerning my application.

_____ _____
Signature Date

_____ _____
Parent's Signature (Required if the volunteer is under 18 years of age) Date