

Friends of Culbertson Memorial Hospital
Volunteer Services Application

Name _____
(Last) (First) (Middle)

Address _____ City _____ Zip _____

Telephone No. _____ Birthdate _____
(Home) (Work/Cell)

E-Mail address _____

Education

Please circle highest level of education completed:

High School - Technical School - College - Graduate School - Nursing School

Special Skills or Training _____

Professional Licenses and/or Certifications _____

Work Experience

Job Title or Position _____ Kind of Business _____

Duties _____

Job Title or Position _____ Kind of Business _____

Duties _____

Hobbies or Special Interests _____

Volunteer Experience _____

Reason for Volunteering _____

Type of Service Preferred _____

Days of Week Preferred _____

Work Hours Preferred _____

Are you willing to be called for temporary assignments in addition to your regular volunteer service? _____ Yes _____ No

Person to be contacted in case of accident or illness:

Name _____ Address _____

Telephone _____ Relationship _____

Health Questionnaire

Please give the name of your family physician: _____

Are you presently under the care of a physician? _____ Yes _____ No

If yes, please explain: _____

Is your physical activity limited in any way? _____ Yes _____ No

If yes, please explain: _____

Do you take any medications on a regular or as needed basis?

_____ Yes _____ No If yes, please explain _____

Do you have a history of the following?

	Never	Presently	In the Past	Unsure
Heart disease or heart attack				
Rapid, slow or irregular heartbeat				
Stroke				
High blood pressure				
Varicose veins, blood clots				
Shortness of breath				
Emphysema				
Asthma				
Tuberculosis				
Jaundice, hepatitis				
Epilepsy, seizure disorder				
Fainting spells, dizziness				
Parkinson's Disease				
Arthritis, painful or swollen joints				
Back problems or back surgery				
Hernia (rupture)				
Diabetes				

Comments: _____

I have read the above information and acknowledge the answers to be true and correct to the best of my knowledge. I agree to work within the guidelines of the volunteer program and to protect the right of confidentiality of all patients and staff. As a volunteer, my services are rendered on a gratuitous basis.

Signed _____

Date _____

Application reviewed by: _____ Date: _____