

### Adult Volunteer Application

---

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)  
Address \_\_\_\_\_  
(Street) (City, State, Zip)  
Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ [ ] N/A

### Education/Work Experience

Please check all of the following, which best describes your work/school experience:

College (circle): Graduate / Full time / Part time  
Name of institution \_\_\_\_\_  
Major/Career Interest \_\_\_\_\_  
Graduation or anticipated graduation date \_\_\_\_\_

Employed (circle): Full time / Part time  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Position \_\_\_\_\_ How Long? \_\_\_\_\_

Unemployed (circle): Retired / Out of the workforce  
Retired/Past Employer \_\_\_\_\_ Position \_\_\_\_\_

Other work experience (paid or volunteer) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about OSF Saint Anthony Medical Center?

Self  Website/Internet  OSF Volunteer  OSF Employee

OSF Patient  Volunteer Fair  School Advisor  Physician

Other (please specify) \_\_\_\_\_

### Skills/Interests

Please indicate any skills, languages, hobbies, special interests. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conviction Records**

Yes  No Have you ever pled guilty to or been convicted of a crime other than a minor traffic offense? This does not include minor traffic violations or convictions that have been sealed or expunged.

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Volunteer Availability**

Volunteer shifts are 3 – 4 hours scheduled according to the department need. Volunteers are asked to make a minimum commitment of one shift per week for 1 year. Please check your availability:

Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8 am – 12 pm							
12 pm – 4 pm							
4 pm – 7 pm							

**Volunteer Jobs** (Please number in order of preference)

- \_\_\_\_\_ Information Desk
- \_\_\_\_\_ Patient Care Areas
- \_\_\_\_\_ Shuttle
- \_\_\_\_\_ Surgical Waiting Room
- \_\_\_\_\_ Clerical

Are there any physical conditions that we should be aware of prior to assigning you to a volunteer position? \_\_\_\_\_  
\_\_\_\_\_

**CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

I hereby affirm that the information on this application is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for a volunteer position and may result in discharge even if discovered at a later date.

I understand that as part of the application process, that a criminal background check may be conducted. I understand that OSF Saint Anthony Medical Center is not obligated to provide placement, nor are you obligated to accept a position if one is offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send your completed application to:**

OSF Saint Anthony Medical Center  
Volunteer Services  
5566 E. State St.  
Rockford, IL. 61108  
Fax: (815) 227-2165  
Phone: (815) 395-5064