

VOLUNTEER SERVICES DEPARTMENT

Mercyhealth Hospital-Rockton Avenue – 2400 N. Rockton Avenue
North Office Bldg.- Suite 201 – Rockford, IL 61103
Tel. (815) 971-6284 Fax (815) 971-9284

Volunteer Service Application

Name _____ Spouse _____
(Please Print)

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____ Birth date _____

Driver License No. _____ Social Security No. _____

Are you employed? Yes No Full Time Part Time

If yes, where? _____ Hours _____

Work Phone _____ If necessary, may we call you at work? Yes No

Education or Special Training _____

Hobbies _____

Other Volunteer Work _____

Health Status _____

Do you have any medical condition which might limit your ability to volunteer? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime (including misdemeanor and felony)? Yes No

If yes, list offense: _____

Applicants are not required to disclose sealed or expunged records of conviction.

Do you know any other Mercyhealth Hospital-Rockton Avenue Volunteers? Yes No

Name(s) _____

Why do you want to be a Mercyhealth Hospital-Rockton Avenue Volunteer? _____

What type of volunteer work would you prefer? _____

Are there any areas in which you would prefer not to work? _____

In the event of emergency, notify: Name _____

Relationship _____ Phone Home: _____ Cell: _____

Please check times and circle days in which you would be available to work:

Mornings M T W TH F SAT SUN

Afternoons M T W TH F SAT SUN

Evenings M T W TH F SAT SUN

How many times each month are you willing to work?

Once a week Twice per week Twice per month

Please list three references who are not relatives:

1) Name _____

Address _____

City _____ Zip _____ Phone _____

How do you know this person? _____

2) Name _____

Address _____

City _____ Zip _____ Phone _____

How do you know this person? _____

3) Name _____

Address _____

City _____ Zip _____ Phone _____

How do you know this person? _____

I authorize Mercyhealth Hospital-Rockton Avenue Volunteer Services Department personnel to do a criminal background check and to contact these references regarding any information, including personal. I release all parties from liability for seeking or furnishing such information.

Signed _____ Date _____