VOLUNTEER APPLICATION DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the policy of the Rehabilitation Hospital of Indiana, Inc. that equal opportunities be available to all without regard to race, color, sex, sexual preference, religion, national origin, age, or disability/handicap.

|  |
| --- |
| **Name: Social Security Number:** |
| **Address:** |
| **City: State Zip: Date of Birth**  |
| **Telephone Number EMAIL ADDRESS** |

**AVAILABILITY TO VOLUNTEER – PLEASE BE SPECIFIC**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | **FRIDAY** | **SATURDAY** |
| MORNING |  |  |  |  |  |  |  |
| **AFTERNOON** |  |  |  |  |  |  |  |
| **EVENING** |  |  |  |  |  |  |  |
| What holidays are you available? |
| What led you to volunteer at RHI? |
| Are you under 18 years of age? Have you ever been convicted of a felony? |
| Is there a particular area of the hospital in which you would like to volunteer? |
| **What would you like to****do as a volunteer?** |

# PREVIOUS VOLUNTEER EXPERIENCE

**Please complete in full, starting with your most recent volunteer experience. Attach a separate sheet if needed.**

|  |
| --- |
| **Organization Name:** |
| **Supervisor:** |
| **Address:** |
| **Telephone Number:** |
| **Dates of Service:** |
| **Describe your volunteer duties:** |

# REFERENCES

**Please list up to three references here. Please exclude relatives.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | JOB TITLE | ADDRESS | TELEPHONE | RELATIONSHIP |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**I certify that the information in this application is true. I understand that falsification of any information in this application can lead to my termination and that RHI may verify the information on this application. I give full permission to RHI to conduct such verification. I give full permission to my references and previous volunteer supervisors to release any and all information to RHI. I understand that as part of the volunteer employment process, a limited criminal history check will be conducted.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| FOR OFFICE USE ONLY |
| **Receive Date: Interview Date:** |
| **Action Taken:** |
| **Signature:** |