

White River Health System
APPLICATION FOR VOLUNTEER SERVICES

Name _____ (H) _____
Phone (W) _____
Address _____
Street/Box _____ City _____ State _____ Zip _____
Email _____

Marital Status Single Married Divorced Widowed
If married, spouse's name: _____

Age Group 18-25 26-34 35-49 50-60 over 60

Month of birth _____

Education _____ Special Training _____

Hobbies, interest other special skills _____

Computer skills _____

Previous work experience _____

Previous volunteer experience _____

How did you learn of the volunteer program? _____

If referred by a WRHS volunteer please provide name _____

Have you ever been convicted of a felony? Yes ___ No ___

If yes, please provide date and details _____

Days you prefer to volunteer (Check One) M T W TH F S Sun

Shift (mark all that apply): Morning Afternoon Evening

Type of volunteer service area preferred:

- | | |
|--|--|
| <input type="checkbox"/> Visitor/family service area | <input type="checkbox"/> Patient/family service area |
| <input type="checkbox"/> Staff-support service area | <input type="checkbox"/> Gift shop |

How did you become interested in the volunteer program?

Have you ever been a volunteer at WRHS? Yes No__

Please provide two personal references: *(Please exclude relatives)*

Name_____ Phone_____

Name_____ Phone_____

Emergency contact:_____ Ph:_____

Relation to applicant_____

Have you ever been employed by WRHS? Yes No

The information I have provided is accurate to the best of my knowledge. Your signature indicates your approval for us to check references. The organization is not obligated to provide volunteer placement, nor are you obligated to accept the volunteer position offered.

_____ Date:_____

Applicant Signature

Annual Membership Dues: Active status-\$5.00	Inactive status \$10.00
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**All WRHS Volunteers are bound by Patient Confidentiality/Privacy Law and must sign a Confidentiality Statement.*

Please return this application through our website, mail or drop by the WRHS Volunteer Office
White River Medical Center
1710 Harrison Street, Batesville AR 72501
To arrange for an interview, or follow up on the status of your application, please call the volunteer office at 870-262-6555.
Thank you for your interest in the WRHS VOLUNTEER TEAM!!☺

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.