

**FOR OFFICE USE ONLY**

Applicant Letter Sent \_\_\_\_\_  
Reference Check \_\_\_\_\_  
Interview Conducted \_\_\_\_\_  
Follow-Up Letter Sent \_\_\_\_\_  
Attended Orientation \_\_\_\_\_  
Given Job Description \_\_\_\_\_  
Board Welcome Letter \_\_\_\_\_  
Name Badge \_\_\_\_\_  
Added To Volunteer List \_\_\_\_\_  
Added to Phone List \_\_\_\_\_

**VOLUNTEER SERVICES**  
**APPLICATION**

Full Name: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**PLEASE LIST ANY PREVIOUS WORK AS A VOLUNTEER:**

\_\_\_\_\_  
\_\_\_\_\_

**(OPTIONAL) PLEASE LIST ANY COMMUNITY AFFILIATIONS (IE, CLUBS, CHURCH, OR OTHER ORGANIZATIONS):**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE TWO CHARACTER REFERENCES (NOT RELATIVES):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**ARE THERE MEDICAL OR OTHER LIMITATIONS WHICH WOULD AFFECT THE TYPE OF VOLUNTEER WORK YOU COULD PERFORM?** Yes \_\_\_\_\_ No \_\_\_\_\_

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

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** Yes \_\_\_\_\_ No \_\_\_\_\_

A conviction will not necessarily disqualify you from consideration for volunteer services. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness. If yes, what was the felony \_\_\_\_\_  
and when did it occur \_\_\_\_\_

**AREA(S) YOU MAY BE INTERESTED IN VOLUNTEERING: (PLEASE CHECK ALL THAT APPLY):**

- \_\_\_\_\_ Courier (Delivery)
- \_\_\_\_\_ Events (Assist in various events – please specify what you are able to do: \_\_\_\_\_)
- \_\_\_\_\_ Scanning (Take documents and scan into electronic format)
- \_\_\_\_\_ Office Assistance (Make copies, typing, filing, etc.)
- \_\_\_\_\_ Front Lobby (Greet and direct patients and assist patient with forms, serve to assist patients)
- \_\_\_\_\_ Medical – \_\_\_\_\_ Nurse \_\_\_\_\_ CMA \_\_\_\_\_ Provider (additional information will be necessary).

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**PLEDGE FOR VOLUNTEERS**

**BELIEVING** that Heartland Community Health Clinic has a real need of my services as a volunteer:

- I will be punctual and conscientious in the fulfillment of my duties and accept supervision from staff members graciously.
- I will conduct myself with dignity, courtesy and consideration.
- I will consider as CONFIDENTIAL all information which I may hear directly or indirectly concerning a patient, physician, volunteer or hospital staff member, and will not seek information in regard to a patient or their family.
- I will take any problems, suggestions, criticisms or concerns to the Chief Development Officer who serves as liaison for Volunteer Services.
- I will endeavor to make my volunteer work of the highest quality.
- I will uphold the traditions and standards of Heartland Community Health Clinic and interpret them to the community at large.

**REMEMBER...**

*What you see here, What you hear here, While you volunteer here,  
Let it stay here, When you leave here.*

**I agree to abide by the above provisions and understand that any violation may be grounds for dismissal from the program. I also agree that by signing this form I am allowing Heartland Community Health Clinic to check my references and check with my previous volunteer supervisor.**

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN APPLICATION TO:**  
**Heartland Community Health Clinic**  
**Becky Wood, CDO**  
**Community Relations Department**  
**2321 N. Wisconsin Avenue**  
**Peoria, IL 61614**