Butler Health System
CLARION HOSPITAL

Volunteer Services Department
One Hospital Drive, Clarion, PA 16214
(814) 226-1262

# Volunteer Enrollment Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone:_____

Birthdate: ____/___/ ____ Social Security #:_____

Emergency Contact: _____ Phone: _____

Email Address:_____ Country of Birth:_____

City and State of Birth:_____ Country of Citizenship:_____

Height:_____Weight:_____Gender:__F__M Race:_____Hispanic: Yes/No

Hair color:_____Eye Color:_____

## I. Skills & Interests

Educational Background (If still in school, please specify which school and year.)

_____

Current Occupation (If retired, please note your most recent occupation.)

_____

Hobbies, Interest, Skills: _____

Volunteer Experience: _____

Butler Health System
CLARION HOSPITAL

Why do you want to volunteer at Clarion Hospital? _____

_____

Are you volunteering to fulfill school requirements? ____ yes ____ no

If yes, how many hours of service are you required to complete? _____

Is there a deadline by when you must complete your volunteer service? _____

## II. Availability

For how long would you like to volunteer?
____ Indefinitely ____ During the summer
____ Until school requirements are met ____ Until you find a paying job

If there is any time of the year when you cannot volunteer, please specify which months.

(Example, you go to Florida from January through March.) _____

Keeping in mind that most volunteer positions require a commitment of only one or two half days per week, what times are most convenient for you?
____ weekday mornings ____ weekday afternoons ____ weekday evenings
____ weekends ____ flexible

Date you are available to start: _____

## III. References

How did you hear about us?
____ Retired Senior Volunteer Program (RSVP) ____ Hospital volunteer
____ Hospital employee ____ Advertisement

Please list the names and phone numbers of two references other than relatives:

Name: _____ Phone: _____

Name: _____ Phone: _____