



Return application to:

Regional Medical Center
Attn: Jody Hatfield
709 W. Main Street, PO Box 359
Manchester, IA 52057

Or scan and email application to:

jody.hatfield@regmedctr.org

Thank you for your interest in Volunteering with
Regional Medical Center!



Volunteer Application

CONTACT INFORMATION

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Home phone number: _____

Preferred Contact Number ☐

Cell phone number: _____

Preferred Contact Number ☐

E-mail _____

Date of Birth ____/____/____

Drivers License #: _____

EDUCATION

Type of School	Name of School	Major/Degree	Grade Point Average	# of Years Completed	Graduated? Yes or No
High School					
College/University					
College/University					
Tech/Trade School					

SKILLS AND EXPERIENCE

Describe any experiences, skills or qualifications that you feel help qualify you for volunteer opportunities with Regional Medical Center:

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Have you ever been employed with RMC? ☐ Yes ☐ No

When: _____ What position: _____

Under what name: _____

AREA(S) OF VOLUNTEERING INTEREST

Areas of interest: *(check all that apply)*

☐ Project Linus Blanket Workshop

☐ HILLTOP Gift Shop Staffing

☐ HILLTOP Gift Shop Inventory

☐ Jerry's Place (public dining)

☐ Immunization clinic prep and/or registration

☐ Knit or crochet baby caps

☐ Blood drives

☐ Misc. RMC events

☐ Misc. RMC projects (clerical, distributing flyers, etc.)

☐ SafeSitter Program

☐ Other: _____

How did you hear about the volunteer program? _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: (_____) _____ - _____

Address: _____



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AVAILABILITY

Approximately how many hours per week would you like to volunteer? _____

(Please check all that apply)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CRIMINAL HISTORY

Do you have a record of founded child or dependent adult abuse? ☐ Yes ☐ No

Have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles in this state or any other state? ☐ Yes ☐ No

If yes, please explain (Note: Conviction of a crime is not necessarily grounds for disqualification)

REFERENCES

Three (3) Reference Forms are enclosed. Please provide name, organization/affiliation, and contact information for each reference provided (teacher, employer, neighbor, etc.)

Note: Please do not list relatives as references.

ACKNOWLEDGEMENT

I certify that, to the best of my knowledge, all statements on this application are true, complete and correct. I authorize investigation of my background, criminal history, references, and all statements made on this application and any accompanying forms. I understand that any false, incomplete, or misleading information provided herein may result in my not being approved for volunteer opportunities.

Applicant Signature

Date