

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:



Volunteer Application

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:	
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Phone Number: ()	
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Address:



Volunteer Application

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							
Afternoon							
Evening							

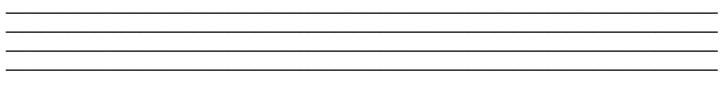
CRIMINAL HISTORY

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