



Volunteer Services Application

Hopedale Medical Complex
107 Tremont Street, Hopedale, IL 61747
Volunteer Services Phone: 309.449.4290
Volunteer Services Fax: 309.449.4416
www.hopedalemc.com

General Volunteer Information:

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip Code _____ Birth Date _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____ Shirt Size _____

Emergency Contact Name _____ Contact Phone Number _____

Are you eighteen years of age or older? YES NO

(Please note that if you under age 18, a parent or guardian must also sign application. Additionally, those 18 years and under must also attach 2 school letters of recommendation and a 1-page typed essay on the topic of "Why I want to Volunteer with Hopedale Medical Complex.")

Do you suffer from a serious medical condition that may prevent you from volunteer work? YES NO

(If you answered yes to the above question, please list condition below.)

Volunteer Experience:

1. How did you hear about this volunteer opportunity? _____

2. Do you know any current Hopedale Medical Complex volunteers? YES NO

(If you answered yes to the above question, please list their names below.)

3. Have you had experience in volunteer work? If so, please explain below. YES NO

4. Why are you interested in volunteering with Hopedale Medical Complex? (Please mark all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Referred by someone | <input type="checkbox"/> Shadow/observation hours | <input type="checkbox"/> Keep busy in retirement |
| <input type="checkbox"/> Meet new people | <input type="checkbox"/> Community service | <input type="checkbox"/> Interested in health care career |
| <input type="checkbox"/> Related to HMC employee | <input type="checkbox"/> Interested in working at HMC | <input type="checkbox"/> Give back to the community |
| <input type="checkbox"/> Volunteer hours for high school/college | <input type="checkbox"/> Other, please explain _____ | |

References:

Please list at least two references that are not related to you that HMC may contact to learn more about you. We ask that you do not include relatives on this list.

<i>First Name</i>	<i>Last Name</i>	<i>Phone Number</i>	<i>E-Mail Address</i>	<i>Relationship</i>	<i>Years Known</i>

Additional Information & Signatures:

Have you been convicted of, placed on court supervision, probation or pleaded guilty to *any crime (misdemeanor or felony)* in the past 10 years, other than a minor traffic violation? *(Please understand that a minor traffic violation is one which did not result in a loss or suspension of your driver's license. Do not list sealed juvenile offenses or those records that have been expunged.)* YES NO

If you answered **YES** to the above question, state the nature of the crime, date of the crime, and county and state where entered. A conviction itself does not automatically preclude service as a volunteer. Note: Responding falsely to this question or failure to respond may result in removal from consideration or dismissal from the volunteer program.

I hereby certify that all information given by me on this volunteer application is true and correct to the best of my knowledge. I also understand that my service is contingent on the successful completion of an influenza vaccine, passing the criminal background check, tox screen, orientation and abiding by HMC's Code of Conduct and privacy laws (including HIPAA). I hereby authorize HMC and its' representatives to contact any of my personal references and authorize my references to provide information solicited by HMC. I will hold harmless my references and waive any claim against HMC or any person responding to a reference check for any consequences resulting from their providing truthful information to HMC. I state that I have no known serious health conditions that would prevent me from safely performing this volunteer work. I am physically capable of lifting at least 25 pounds and pushing a wheelchair. I understand that as a volunteer I am not covered under Worker's Compensation laws or any benefits that HMC employees are entitled to, with the exception of Wellness Center membership. Should I be injured while volunteering at HMC, I understand that I am responsible for any health insurance coverage. If signing on behalf of a minor, I consent to the above for the minor child and parents/guardians.

DATE _____ SIGNATURE _____

DATE _____ PARENT/GUARDIAN _____

SIGNATURE NECESSARY IF VOLUNTEER IS A MINOR

**HMC has adopted a Tobacco & Nicotine Free campus.
We do not allow use of tobacco products on our premises, indoors or outdoors.**



Volunteer Opportunities

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We appreciate your interest in volunteering for Hopedale Medical Complex. Each volunteer brings a unique set of skills and talents to HMC no matter the number of hours you volunteer or where you choose to volunteer within the facility. Each volunteer is uniquely different and we want you to choose the volunteer experience that works best for you. The below questions will help guide the volunteer coordinator in finding the right fit for you at HMC!

When would you like to start volunteering for HMC? _____

How often would you like to volunteer? (Please mark all that apply.)

Weekly Monthly Semi-Monthly Special Events Other _____

What days of the week would be best for you? (Please mark all that apply.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of day would be best for you? (Please mark all that apply.)

Mornings Afternoons Evenings

Is there a specific area of HMC that you are interested in volunteering with? (Please mark all that apply.)

Nursing Home Independent & Assisted Living Wellness Center
Hospital White Fence Estate Special Events
Other _____

Tell us how you would like to be involved at HMC. Please check all areas that interest you.

- | | |
|--|--|
| <input type="checkbox"/> Activity Assistant @ Nursing Home | <input type="checkbox"/> Outing Assistant @ Nursing Home |
| <input type="checkbox"/> Bingo Caller @ Nursing Home | <input type="checkbox"/> Sit and Chat Visitor @ Nursing Home |
| <input type="checkbox"/> Cooking Club Guest Chef @ Nursing Home | <input type="checkbox"/> Gift Shop Attendant |
| <input type="checkbox"/> Dry Cleaning Courier | <input type="checkbox"/> Patient & Family Escort |
| <input type="checkbox"/> Activity Assistant @ Commons | <input type="checkbox"/> Volunteer Bus Driver @ Commons |
| <input type="checkbox"/> Move-In Buddy @ Commons | <input type="checkbox"/> Kidz Klub Assistant @ Wellness Center |
| <input type="checkbox"/> Fitness Floor Assistant @ Wellness Center | <input type="checkbox"/> Vegetable Garden Volunteer @ White Fence Estate |
| <input type="checkbox"/> Greeter @ All Locations | <input type="checkbox"/> Door Assistant @ All Locations |
| <input type="checkbox"/> Cholesterol Screening Assistant @ Wellness Center | <input type="checkbox"/> Special Projects/Events @ All Locations |
| <input type="checkbox"/> Green Thumb Gardeners @ All Locations | <input type="checkbox"/> Administrative Support @ All Locations |
| <input type="checkbox"/> Musical Volunteer @ Nursing Home and Commons | <input type="checkbox"/> Volunteer Communications @ Admin. Office |
| <input type="checkbox"/> Pastoral Care @ Nursing Home/Hospital/Commons | <input type="checkbox"/> Card Playing Companion @ Commons |
| <input type="checkbox"/> Other _____ | |

(Please Note: Volunteer driving positions require the need for additional documentation and verification.)