Dear Prospective Volunteer:

Thank you for your interest in Central DuPage Hospital's Volunteer Program. We have a very active volunteer program with over 750 men, women, and teens contributing over 80,000 hours of volunteer service every year.

Where you are placed within our program depends upon the timeframes in which you are available for volunteer work and your areas of interest. We make every effort to place volunteers in areas they will find rewarding. Our goal is to find the perfect fit between our volunteers and their specific assignments, so your responses to the questions on the enclosed application are very important to us. Please make every effort to answer the questions as completely and accurately as possible.

When you have completed the application, return it to the CDH Volunteer Office. Upon receipt of the completed application, we will contact you and set up an orientation and interview to discuss your specific information. Appointments for interviews are made between the hours of 10:00 a.m. and 4:00 p.m., Monday through Friday.

If you have any questions, feel free to call or email me.

I am thrilled that you are considering spending your valuable time as a member of our team. I look forward to meeting you soon.

Sincerely,

Laurel A. McDonnell
Manager of Volunteer Services
630-933-2252
Laurel.Mcdonnell@cadencehealth.org

Central DuPage Hospital
Adult Volunteer Application

Placement of a volunteer depends on availability and recommendation of the Volunteer Manager. Volunteer applications will be held for up to three months. Please complete all the enclosed forms and return them to the Volunteer Office. Thank you, and we look forward to meeting you.

PLEASE PRINT:

Last Name:_____ **First:**_____

Address:_____ **City:** _____ **Zip:**_____

Home Phone: _____ **Cell Phone:** _____

E-Mail Address: _____

Birthday:_____ **Marital Status:** _____

Education: (Circle last year completed) High School 1 2 3 4 College 1 2 3 4

EMERGENCY CONTACT

1) Name:_____ Home Phone:_____

Relationship:_____ Alternate Phone: _____

2) Name:_____ Home Phone:_____

Relationship:_____ Alternate Phone: _____

Are you currently employed? [ ] Yes [ ] No If yes, what time of day to you work? _____

Work Phone: _____ Current/last place of employment: _____

What days are you available to volunteer? (Check all that apply):

[ ] Sun [ ] Mon [ ] Tue [ ] Wed [ ] Thu [ ] Fri [ ] Sat

What times are you available to volunteer? (Check all that apply):

[ ] Morning 8:00 a.m. to 12:00 noon

[ ] Afternoon 12:00 noon to 4:00 p.m.

[ ] Evening 4:00 p.m. to 8:00 p.m.

Do you have a valid driver's license? [ ] Yes [ ] No

Have you ever been convicted of a crime? [ ] Yes [ ] No

Tell us about yourself…

1. **What do you like to do?**

   _____

2. **Will you need time off from volunteering?**

   _____

3. **Have you ever volunteered before? [ ] Yes [ ] No Doing what?**

   _____

4. **What did you enjoy most about volunteering?**

   _____

5. **What did you like least about volunteering?**

   _____

6. **Do you like to work on your own or with a partner and why?**

   _____

7. **Why did you pick Central DuPage Hospital?**

   _____

8. **Why did you pick now to volunteer?**

   _____

9. **List one of your greatest accomplishments.**

   _____

10. **What do you hope to gain from this experience?**

    _____

11. **What do you see yourself doing as a volunteer at Central DuPage Hospital?**

    _____

12. **Is there anything you would like to tell me about yourself that would help me find the best volunteer position for you? (physical limitations, medications, etc.)**

    _____

13. **Are you flexible about what kind of volunteer work you do?**

    _____

14. **Are you interested in working with:**

    [ ] Patient or Public Contact [ ] Clerical or No Public Contact [ ] No Preference

Cadence Health Volunteer Agreement

As a hospital volunteer, I agree that:

1. I shall hold as ***absolutely confidential*** all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from a patient.

2. I shall be punctual and conscientious, conduct myself with dignity, courtesy, and with considerate of others and endeavor to make my performance professional in quality.

3. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.

4. I shall, at all times, uphold the values of Cadence Health.

5. My services are donated to the hospital without any expectation of compensation or future employment.

6. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:

    - failure to comply with hospital policies, rules, and regulations
    - absences without prior notification
    - unsatisfactory attitude, behavior, or appearance.

7. I understand that I will be properly trained in my volunteer position and, after training is completed, my competency may be subject to evaluation.

8. I understand that I will have a specific dress code to follow as a volunteer.

9. I will take any criticism to the Volunteer Services Manager or Director.

10. I understand that if I am injured or require medical attention while I am volunteering I will be responsible for the cost of related medical care and treatment. I also understand that I am **not** covered under the hospital's medical insurance or worker's compensation programs.

I have read the above conditions and I agree to them.

_____ _____

Volunteer Signature Date