

VOLUNTEER APPLICATION

(Please attach a copy of your resume)

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ E-mail Address: _____

Are you age 18 or older? YES NO What is your birth date? _____

Are you currently employed? YES NO Retired
If yes, may we call you at work, if needed? YES NO
Company Name: _____ Company Phone: _____

Are you volunteering to fulfill a requirement? YES NO
If yes, for what organization and how many hours are required?

Education background:

How did you hear about our volunteer program?

Why are you interested in volunteering at Rush Oak Park Hospital?

When are you available to volunteer? *

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	_____	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____	_____	_____

*** For most of our volunteer positions, we ask for a long-term time commitment of six months to one year, with a minimum of one, four-hour shift per week. Short term seasonal or project-based volunteer positions are occasionally available to qualified applicants.**

Have you applied or are you planning to apply for a job in the near future at Rush Oak Park Hospital?

YES _____ NO _____

over please...

Have you ever been convicted of a criminal offense or have a conviction pending?
(A yes answer will not necessarily result in your disqualification.)

YES NO

Are you a U.S. citizen? YES NO

Are you legally authorized to work in the U.S.? YES NO

Please list two **professional** references. Do not list friends or relatives.
References listed below will be contacted and interviewed before applicant is accepted into the volunteer program.

Name: _____

Relationship: _____

Home/Cell phone: _____ E-mail Address: _____

Name: _____

Relationship: _____

Home/Cell phone: _____ E-mail Address: _____

List any medical restrictions, allergies or requirements that may affect your volunteer work:

In an emergency, please notify:

Physician's name:

Address:

City/State/Zip:

Phone/E-mail:

Personal contact:

Name:

Phone:

Relationship to you:

I hereby authorize Rush Oak Park Hospital to contact the references listed and conduct a criminal background check. I also consent and authorize Rush Oak Park Hospital to administer any lawful testing which may be necessary to fulfill the minimum health requirements to become a volunteer.

Applicant Signature

Date

Fax or mail completed application to:

Rush Oak Park Hospital
c/o Volunteer Services
520 S. Maple Ave.
Oak Park, IL. 60304
Fax: 708-660-6811

Please Note: Volunteer service is not intended in any way to lead to paid employment at Rush Oak Park Hospital. In addition, applying to the volunteer program does not automatically guarantee acceptance/admission into the program.