

Please check if you have previous experience in any of the following areas. (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Artist | <input type="checkbox"/> Heading up a Bazaar | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Buyer | <input type="checkbox"/> Home Economics | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Library | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Member of another |
| <input type="checkbox"/> Dramatics | <input type="checkbox"/> Photography | <input type="checkbox"/> Hospital Auxiliary |
| <input type="checkbox"/> Financial Work | <input type="checkbox"/> Public Speaking | |
| <input type="checkbox"/> Food Management | <input type="checkbox"/> Radio/Television | <input type="checkbox"/> Other _____ |

Why do you want to become an MDH volunteer? _____

Why did you select McDonough District Hospital? _____

Were you invited to become a volunteer by a current MDH volunteer? () Yes () No

If Yes, who invited you? _____

Are you a resident of this area year round? () Yes () No

If no, when are you gone? _____

When are you available? (Check all that apply) Mornings Afternoons Evenings
 Monday Wednesday Friday Sunday
 Tuesday Thursday Saturday

Are you available to work any holidays? () Yes () No () Maybe

If YES/MAYBE, circle which ones:

- | | | | |
|----------------|---------------|----------------|------------------|
| New Year's Day | Easter Sunday | Labor Day | Thanksgiving Day |
| New Year's Eve | Memorial Day | Fourth of July | Christmas Eve |
| | | | Christmas Day |

Are there medical or other limitations that would affect the type of volunteer work you could perform?

(e.g. Arthritis, asthma, back problems, diabetes, epilepsy, fainting spells, foot problems, hearing problems, heart trouble, high blood pressure, varicose veins, etc.) () Yes () No

If Yes, please explain: _____

Communicable Disease History: Do you have a history of any of the following?

Hepatitis Measles Mumps Rubella Chickenpox

If not and you have not been vaccinated for any of these diseases, we recommend you discuss vaccination with your physician.

Have you been exposed to Tuberculosis or ever have a positive TB skin test? () Yes () No

OFFICE USE ONLY		Frequency of Volunteering: _____/_____
<input type="checkbox"/> General Orient:	Date _____	_____
<input type="checkbox"/> Volunteer Wks:	_____	Schedule: <input type="checkbox"/> Regular <i>or</i> <input type="checkbox"/> On-call <i>or</i> <input type="checkbox"/> Combination

McDonough District Hospital Volunteer Services

Put "1" next to your 1st choice, "2" next to your 2nd choice,
and "3" next to your 3rd choice of the service areas you would like to learn.
Within each area, check the time(s) that might best suit your schedule.

*Gift Shop _____

Monday-Friday

- _____ 9:00 AM - 1:00 PM
- _____ *1:00 PM - 5:00 PM
- _____ *5:00 PM - 8:00 PM

Saturday

- _____ *9:00 AM - 1:00 PM
- _____ *1:00 PM - 5:00 PM

Sunday

- _____ 1:00 PM - 5:00 PM

Reception Desk _____

Monday-Friday

- _____ *7:00 AM - 10:00 AM
- _____ *10:00 AM - 1:30 PM
- _____ *1:30 PM - 5:00 PM
- _____ *5:00 PM - 8:00 PM

Saturday

- _____ *10:00 AM - 1:30 PM
- _____ *1:30 PM - 5:00 PM
- _____ *5:00 PM - 8:00 PM

Sunday & Holiday

- _____ *1:30 PM - 5:00 PM

Hospice _____

Home visits, office work, special projects

Mail Delivery _____

Monday - Friday

- _____ 10:00 AM - 12:00 PM

*Newspaper Delivery _____

- _____ Wednesday & Friday 11:00 AM
- _____ *Saturday 9:30 AM

Escort Service _____

Monday-Friday

- _____ *9:00 AM - 1:00 PM
- _____ *1:00 PM - 5:00 PM

Baby Talk (flexible hours) _____

Monday-Sunday

MDH Auxiliary Activities

Committee (flexible hours) _____

Monday-Saturday

This group develops, organizes and runs fundraising events throughout the year in support of the scholarships/loans program which helps local students pursuing health careers.

Other _____

*Indicates areas of greatest need

Name: _____ Date: _____ Phone: _____