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Adult Volunteer Enrollment Form

**SALINA REGIONAL HEALTH CENTER**

**ABOUT YOU**

Name Date

Address Home Telephone

Email Address Cell Telephone (Do you text?)

**YOUR INTERESTS AND SKILLS**

What are your hobbies, special interests, and job or personal skills?

In what other volunteer activities or community organizations have you been active?

Why are you interested in volunteering at Salina Regional Health Center?

**DAYS/TIMES YOU WOULD USUALLY BE AVAILABLE TO VOLUNTEER**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **Time** | am pm eve | am pm eve | am pm eve | am pm eve | am pm eve | am pm eve | am pm eve |

**Evening/Weekend assignments are available in these areas:**

\_\_\_Gift Shop (also Weekday am and pm shifts) \_\_\_Emergency Department(also Weekday am and pm shifts)

**Weekday Morning/ Afternoon assignments only are available in these areas:**

\_\_\_Clerical/ Office \_\_\_Intensive Care Unit Family Area

\_\_\_Escort/Transport \_\_\_Surgery Patient Family Area

\_\_\_Information Desk, main hospital \_\_\_Morrison Guest House (Noon to 3 pm shift)

***Visit with us. Your skills and interests may be used to develop new volunteer services!***

**BACKGROUND DATA**

Have you ever been convicted of a criminal offense, other than minor traffic offenses? \_\_\_\_\_Yes \_\_\_\_\_No

If “Yes”, please explain:

Is there any type of service which your health or physical condition prohibits – or have you ever been advised by a physician

not to perform certain types of work or recreation? \_\_\_\_\_Yes \_\_\_\_\_No

If “Yes”, please explain:

**PERSONAL REFERENCES** (from employment or with other volunteer, church, or school activities–NOT Family Members)

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

***Questions? Call Marsha Haskett, Manager, Volunteer Services at (785) 452-6159 or email*** [***mkhasket@srhc.com***](mailto:mkhasket@srhc.com)***.***

*Please return this completed form to Marsha att SRHC, 400 S. Santa Fe, Salina, KS 67401. THANK YOU!*