



# OSF®

## SAINT ANTHONY'S HEALTH CENTER

### Adult Volunteer Application

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First                      Middle                      Home Phone                      Cell Phone

\_\_\_\_\_  
Address    City                      State                      Zip

Birth Date \_\_\_\_\_ Driver's License # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Person to call in event of emergency: \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email address \_\_\_\_\_

### Education/Work Experience

How were you referred to OSF Saint Anthony's?

\_\_\_\_\_

Please list recent volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Please list current or former employment \_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Skills/Interests

Please include any skills, languages, hobbies, special interests:

\_\_\_\_\_

\_\_\_\_\_

## Volunteer Availability

Volunteer shifts are 3 to 4 hours according to the department need. Volunteers are asked to make a commitment of one shift per week for a minimum of 6 months to 1 year.

When are you available?

Shift	Mon	Tues	Wed	Thurs	Fri
8 am – 12 pm					
12 pm – 4 pm					

Please check the service areas you are interested in:

☐ Escort  
☐ Gift Shop  
☐ Information Desk  
☐ Cancer Center  
☐ Endo Department  
☐ Patient Visitor

Please list 2 people, not related to you, that we may contact for personal references:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

The statements I have made in this application are correct to the best of my knowledge. If I am accepted as a volunteer, I agree to conform to all the rules and regulations of OSF Saint Anthony's Health Center of Alton, Illinois. I understand that if I have made false statements on this application, this shall be considered sufficient cause for dismissal. I also acknowledge that any misrepresentations or omission of facts may result in rejection of the application as well.

I hereby authorize OSF Saint Anthony's Health Center to thoroughly investigate my background, references, employment record, character, past employment record, which the Health Center may deem relevant to a decision as to whether to allow me to volunteer. I understand that OSF Saint Anthony's Health Center is not obligated to provide placement nor am I obligated to accept a position if one is offered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your interest in volunteering with OSF Saint Anthony's Health Center.*