

## *Volunteer Application*

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ PAGER \_\_\_\_\_

e-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

BIRTHDATE: *optional unless under 18* \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL #YEARS \_\_\_\_\_

TRADE/VOCATIONAL #YEARS \_\_\_\_\_

COLLEGE #YEARS \_\_\_\_\_

OTHER #YEARS \_\_\_\_\_

REFERRED BY A PROGRAM/SCHOOL? which one \_\_\_\_\_

WHY DO YOU WANT TO VOLUNTEER AT IMMC? \_\_\_\_\_

OTHER VOLUNTEER EXPERIENCE \_\_\_\_\_

SPECIAL SKILLS YOU COULD SHARE \_\_\_\_\_

LANGUAGES \_\_\_\_\_

DO YOU PREFER: \_\_\_ dealing with patients/visitors \_\_\_ office assignments

\_\_\_ computer projects \_\_\_ transport \_\_\_ other \_\_\_\_\_

ARE YOU AVAILABLE: WEEKDAYS \_\_\_\_\_ EVENINGS \_\_\_\_\_ WEEKENDS \_\_\_\_\_

HOURS PREFERRED \_\_\_\_\_

HOW DID YOU HEAR ABOUT IMMC? \_\_\_\_\_

**REFERENCES: Applications WILL NOT be processed without complete addresses.**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

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

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**For Office Use Only**

- \_\_\_\_\_ references sent (date: \_\_\_\_\_)
- \_\_\_\_\_ references received
- \_\_\_\_\_ interview (date: \_\_\_\_\_)
- \_\_\_\_\_ background check
- \_\_\_\_\_ initial ppd test (date: \_\_\_\_\_)
- \_\_\_\_\_ training handbook
- \_\_\_\_\_ training sign-off sheet
- \_\_\_\_\_ departmental orientation
  
- \_\_\_\_\_ id ordered
- \_\_\_\_\_ timecard
- \_\_\_\_\_ meal ticket list
- \_\_\_\_\_ locker assigned (# \_\_\_\_\_ ; key deposit \$ \_\_\_\_\_ )

**Starting Date:** \_\_\_\_\_ **Department** \_\_\_\_\_  
**Supervisor** \_\_\_\_\_ **Ext** \_\_\_\_\_  
**Day(s)** \_\_\_\_\_ **Time(s)** \_\_\_\_\_  
\_\_\_\_\_ **initial evaluation (date: \_\_\_\_\_)**  
\_\_\_\_\_ **terminated (date: \_\_\_\_\_)**

**Tranferred to** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Reason** \_\_\_\_\_

**Tranferred to** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Reason** \_\_\_\_\_

**Exit Date:** \_\_\_\_\_  
**Reason** \_\_\_\_\_

**Remarks** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN COMPLETED FORM TO:** **Volunteer & Community Services**  
**Advocate Illinois Masonic Medical Center**  
**836 W. Wellington Avenue; Chicago, IL 60657**