

VOLUNTEER APPLICATION

It is the policy of the Rehabilitation Hospital of Indiana, Inc. that equal opportunities be available to all without regard to race, color, sex, sexual preference, religion, national origin, age, or disability/handicap.

Name:	Social Security Number:
Address:	
City:	State
Zip:	Date of Birth
Telephone Number	EMAIL ADDRESS

AVAILABILITY TO VOLUNTEER – PLEASE BE SPECIFIC

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							
What holidays are you available?							
What led you to volunteer at RHI?							
Are you under 18 years of age?				Have you ever been convicted of a felony?			
Is there a particular area of the hospital in which you would like to volunteer?							
What would you like to do as a volunteer?							

PREVIOUS VOLUNTEER EXPERIENCE

Please complete in full, starting with your most recent volunteer experience. Attach a separate sheet if needed.

Organization Name:
Supervisor:
Address:
Telephone Number:
Dates of Service:
Describe your volunteer duties:

REFERENCES

Please list up to three references here. Please exclude relatives.

NAME	JOB TITLE	ADDRESS	TELEPHONE	RELATIONSHIP

I certify that the information in this application is true. I understand that falsification of any information in this application can lead to my termination and that RHI may verify the information on this application. I give full permission to RHI to conduct such verification. I give full permission to my references and previous volunteer supervisors to release any and all information to RHI. I understand that as part of the volunteer employment process, a limited criminal history check will be conducted.

Signature: _____

Date: _____

FOR OFFICE USE ONLY	
Receive Date:	Interview Date:
Action Taken:	
Signature:	