

FOR OFFICE USE ONLY

AREA: _____
PIN #: _____
DATE: _____



Please complete application and mail to:
RCRH Volunteer Services
353 Fairmont Blvd.
Rapid City, SD 57701

CHOOSE A CATEGORY:

ADULT:

TEEN (15-18 years):

NAME: _____ **PHONE:** _____
First Middle Initial Last Home Cell

ADDRESS: _____
Street or PO Box City State Zip

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

IN CASE OF EMERGENCY, CALL: _____
Name Phone Relationship

Birthday: _____ / _____ / _____
MM / DD / YR (Optional)

EXPERIENCE

Employment: Occupation or former occupation: _____
Present or last employer: _____
Reason for leaving: _____

Volunteering: _____

Education, Skills or Special Training: _____

TEENS ONLY: School: _____ **Year Graduate:** _____ **GPA:** _____

Where did you first hear about the RCRH Volunteer Program? _____

Were you referred to the RCRH volunteer program by someone? Yes _____ No _____

If yes, who? _____

Is he/she a: Relative: ___ Friend: ___ Volunteer at RCRH: ___ RCRH Employee ___ Other _____

Are you required to Volunteer? Yes _____ No _____

If yes, by whom? _____

REFERENCES (As all references are contacted, PRINT FULL mailing address and Daytime Phone. Do not list relatives)

1. _____
(Name) (Relationship to you, ie: friend, co-worker, etc.) (Street #) (City) (State) (Zip)

2. _____
(Name) (Relationship to you, ie: friend, co-worker, etc.) (Street #) (City) (State) (Zip)

3. _____
(Name) (Relationship to you, ie: friend, co-worker, etc.) (Street #) (City) (State) (Zip)

AVAILABILITY: Please indicate the days and times you are willing to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Would you prefer: ___Regular Shift? ___As needed?

What types of volunteer positions are you interested in?

Have Skills	Willing to Learn	
		Patient Care Area (room prep, patient transport, errands, visiting, tasks as needed)
		Office Skills (computer skills necessary, other office machinery skills helpful)
		Customer Service (greeting, escorting, visiting, etc)
		Outreach (community advocacy, public speaking, fundraising, networking)
		Retail (customer service, retail equipment incl. cash register, credit card machine, etc)
		Special Skills (sewing, performing arts, bi-lingual, etc.) <i>Please specify</i>
		Other (Please specify)

Are you physically or otherwise able to perform the duties associated with the positions you checked? Yes ___ No ___

If no, please describe your needs for adaptation: _____

Are you over the age of 18? Yes _____ No _____

Have you ever been convicted of a crime other than a misdemeanor traffic violation? Yes _____ No _____

(Conviction of a crime does not automatically bar you from volunteer service.)

If yes, state the nature of the crime: _____

Volunteers are asked to give a minimum commitment of at 3 months of service. Are you able to do that? Yes ___ No ___

If "No, why not? _____

Are you a current member of the Rapid City Regional Hospital Auxiliary? Yes _____ No _____

If "No", would you like information on the Auxiliary? Yes _____ No _____

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on these applications as may be necessary for reaching a volunteer placement decision.

In the event that I am placed in a volunteer position, I understand that any false or misleading information I knowingly provided in my application or interview may result in discharge. I understand that if placed in a volunteer position, I am required to abide by all rules and regulations of the hospital and any special agreements reached between the Volunteer Services Department or my Work Station supervisor and me.

(Signature)

(Date)

Any questions please call 605-719-8980 or email: rchrhvunteerservices@regionalhealth.com