

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

VOLUNTEER APPLICATION

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

Birthdate: _____ / _____ / _____
MM / DD / YR

EXPERIENCE

Employment: **Occupation:** _____ **Employer:** _____

Former occupation: _____

Reason for leaving: _____

Volunteering: _____

Education, Skills or Special Training: _____

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

Why do you want to Volunteer? _____

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

If yes, Name: _____ **Relationship:** _____

Are you required to Volunteer? Yes _____ No _____ **If yes, by whom?** _____

REFERENCES: (All references are contacted, PRINT FULL mailing address Do not list relatives or persons under age 18)

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 Experience (patient transport, visiting, errands, tasks as needed)
		Office Skills (phoning, copying, computer skills, other office machinery skills helpful)
		Guest Service (greeting, escorting, delivering, providing information, etc)
		Outreach (community advocacy, public speaking, fundraising, networking)
		Retail (customer service, retail equipment incl. cash register, 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 3 months / 30 hours of service. Volunteers generally serve once a week for a 4 hour shift. The service doesn't start until the onboarding is complete. Are you able to do that? Yes ___ No ___

If "No, why not? _____

Volunteers do not receive preference for new hires in paid positions.

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation into the information provided and 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 605-755-8980 or email: rchrhvunteerservices@regionalhealth.org