

Indicate the reason you are seeking a **Volunteer** position (*check all the apply*):

- Interest in medical field.
What professions most interest you: _____
- Family/friends volunteer/work for Stoughton Hospital.
Please list name and relationship: _____
- Required for school
- Interested in Stoughton Hospital as a future employer
- Requirement for National Honors Society or like group/club
- Need service hours to graduate
How many hours: _____ By When: _____

Please share how you learned about our volunteer program:

- Class presentation by a representative from Stoughton Hospital
- Craigslist
- Friend/Classmate
Who: _____
- Guidance Counselor/School communication
- Newspaper advertisement
- Stoughton Hospital Employee
Who: _____
- Stoughton Hospital Volunteer
Who: _____
- United Way
- Social Media
Please List: _____
- Other
Please List: _____

Are there any units or situation which might make you feel uncomfortable? If so, please explain:

Do you have any special needs which we should accommodate? If so, please explain:

Please list any specialized training, skills, or abilities you can offer as a volunteer:

- Arts and crafts interest
- Ability to read, write and communicate at a basic reading level
- Ability to push, pull and safely transport patients
- General spa interest
- Basic keyboarding experience
- Basic computer competency
- Basic Microsoft Office suite experience
- Intermediate Microsoft Office suite experience
- Have a natural interest in using electronic devices and gadgets like iPads, smartphones, etc.
- Medical terminology experience or previous healthcare professional experience
- Basic mechanical aptitude
- Play a musical instrument
- Previous trade experience
- Previous leadership experience
- Other:

Work Experience:

Most Recent Employer: _____

Start Date: _____ End Date: _____

Duties: _____

Reason for Leaving: _____

Character References:

(Please list those familiar with your background or work history who are not related to you)

	Name	Address	Telephone	Relationship
1				
2				
3				

Have you ever been convicted of, or are you currently charged with, a felony, misdemeanor or municipal ordinance violation? Yes No

If yes, please explain:

(A conviction record will not necessarily bar a person from the opportunity to volunteer).

Parent/Guardian Authorization:

I hereby authorize Stoughton Hospital to medically treat or manage any injury sustained, if after reasonable effort, I cannot be reached. I consent for my child to serve as a volunteer at Stoughton Hospital and consider her/him capable of undertaking the responsibilities of the volunteer program as described in the attached volunteer job description. I hereby authorize Stoughton Hospital to contact any schools, former places of employment and/or persons who may aid the hospital in determining my son/daughter's suitability for volunteer work. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information. This release is in effect for the period the volunteer serves as a volunteer for Stoughton Hospital.

I certify that the above information is correct and any false statements or omissions could be considered cause for immediate dismissal from the program. I understand that any offer of volunteer work made by the hospital shall be contingent upon satisfactory references, a background check and results of a health assessment. I understand the volunteer relationship can be terminated at any time, with or without cause, and with or without notice, at the option of the hospital, son/daughter or myself.

Signature of Parent/Guardian: _____ **Date:** _____

***Volunteer* Authorization:**

I hereby authorize Stoughton Hospital to contact any schools, former places of employment and/or persons who may aid the hospital in determining my suitability for volunteer work. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information.

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Signature of *Volunteer*: _____ **Date:** _____

Volunteer and/or Guardian, please attach the following:

- This signed Volunteer Application
- Signed Job Description
- Completed Health Assessment Form – Signed by Parent

These forms can be mailed or directed to:

Stoughton Hospital
Human Resources
900 Ridge St
Stoughton WI 53589

Contact Human Resources with questions: 608-873-2296 or 608-873-2213