



West Hospital

Volunteer Services Application Packet

Dear Applicant:

Thank you for your interest in the Indiana University Health Volunteer program for Indiana University Health West Hospital. Our patients, families and caregivers truly appreciate the service our volunteers give.

Please complete the following forms, which are mandatory, to become an IU Health West Hospital volunteer. Your packet includes the following:

1. Volunteer Application

The application must be completed in blue or black ink, signed and dated. If you are under age 18, your application must also be signed by a parent or guardian.

2. Personal Reference Forms

Reference forms must be completed by two individuals you have known for at least one year. They cannot be from relatives. These forms must be returned with your completed application.

3. Personal Survey

The Personal Survey must be completed so that your interests will be considered when your application is processed.

Incomplete applications will NOT be processed. Your completed application, as well as all supporting documents, may be mailed to the address listed at the bottom of this page, or delivered to the Volunteer Services office at IU Health West Hospital (or dropped at the Welcome Desk, just inside the main entrance).

When your application is received, you will be notified by phone and asked to schedule an interview. It typically takes a minimum of three weeks to complete all steps listed below.

- Application and References: Returned to IU Health West Volunteer Services.
- Interview with a Volunteer Services coordinator.
- Background Check: All applicants 18 and older are required to pass a background check before becoming a volunteer. It may include, but is not limited to, Sexual Offender and Criminal History & Conviction searches.
- Health Screen
- New Volunteer Orientation

Thank you again for your interest in the Indiana University Health West volunteer program. If you have questions, please feel free to contact us at 317.217.3991. We will be happy to assist you.

Best Regards,

Linda Ryser
Manager of Volunteer Services
IU Health West Hospital

1111 North Ronald Reagan Parkway
Avon, IN 46123



West Hospital

Volunteer Application

Name: _____
Last First Middle Initial

Address: _____ Apt.# _____ City _____ State _____ Zip Code _____

Telephone: Home () _____ Work: () _____

Cell Phone: () _____ E-Mail: _____

Adult volunteers must be 18 or older. Students 17 +.
Do you meet this requirement? ___ Yes ___ No

Employment: ___ Employed ___ Unemployed ___ Retired ___ Student

Current or Former Employer: _____ Title/Occupation/Major: _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? ___ Yes ___ No

If yes, please list all convictions and dates below:

Conviction: _____ County/State: _____ Date: _____

Conviction: _____ County/State: _____ Date: _____

Note: Conviction means you were found guilty by a judge, jury, "no contest" or guilty plea in court. A conviction may have taken place even if you did not pay a fine or spend any time in jail or prison. A conviction will not automatically disqualify you from volunteer placement. IU Health West will determine which convictions disqualify volunteer placement. Any misrepresentation will disqualify you from a volunteer position. If needed, please use an additional sheet of paper.

Education: (Circle last grade completed) High School: 9 10 11 12 College: 1 2 3 4 _____

Are you a student? ___ Yes ___ No Name of School: _____

Emergency Contact: _____ Relationship: _____

Home: () _____ Work: () _____ Cell Phone: () _____

Please list any medical information that may assist us in the event of an emergency:

Experience (Please Circle Your Areas of Experience):

Administrative/Clerical Telephone Work Pastoral Care Musical Talent
Hospitality/Information Desk Computer Skills Arts/Crafts

Areas where you have formal training or expertise: _____

Areas of Interest (Please Circle Your Areas of Interest):

Administrative/Clerical Gardening Arts/Crafts Facilities Maintenance
Pastoral Care Information/Guest Relations Musical Talent

Other areas of interest or special skills:

Health: (Describe any limitations which could interfere with your performance):

Please indicate the days/times that you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I authorize my references to provide information to Indiana University Health West Hospital that is relevant to my volunteerism.

I understand that volunteerism is subject to conditions of the Drug Free Workplace Act of 1988.

STATEMENT OF COMMITMENT: I certify that the information in this application are true and correct, and have been given voluntarily. If accepted as a volunteer I will fulfill my commitment of service and maintain annual educational and health testing requirements. I agree to respect the dignity and rights of each individual and maintain all patient information in the strictest of confidence. I understand that violations of any of the policies of Indiana University Health West Hospital may result in my immediate dismissal from the volunteer program. I understand and give my permission to release any and all information from your files as permitted by law pertaining to criminal history.

Applicant Signature

Date

Parental/Guardian Permission required for volunteers under the age of 18 years of age. I, the undersigned parent or legal guardian of the child named above, do hereby give my permission for this child to perform volunteer services with Indiana University Health West Hospital Volunteer Services

Parental Consent Signature (for volunteers under 18 years of age)

(Updated on 5/18/2011)



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Volunteer Applicant Reference Form

Applicant's Full Name:

This form should be completed by a professional reference, not a relative.
The above individual is applying for a volunteer position with Indiana University Health West Hospital. Please be candid in your assessment of the applicant. When you have completed this form, please place it in a sealed envelope, sign the back flap and return it to the applicant. Thank you.

How long have you known the applicant and in what capacity?

How would you describe his/her character and integrity?

How would you describe his/her personality traits?

Would you say he/she is dependable? _____

Would you describe for me his/her compatibility with others?

What strengths do you believe he/she will bring to Indiana University Health West Hospital as a volunteer?

Is there anything else you would like to share with me regarding the applicant?

Your name: _____

Relationship to applicant: _____ Date: _____



West Hospital

Applicant Personal Survey

This form should be completed by you and returned to the IU Health West Hospital Volunteer Services office with your completed application. Our goal is to provide you with a meaningful volunteer experience while exposing you to the healthcare industry and, in doing so, provide critical support to service areas within Indiana University Health West Hospital.

Please be candid with your responses.

Applicant Name: _____

Phone Number: _____

Address: _____

1. Please describe the activities you are involved in, such as employment, previous volunteer services, clubs, sports or hobbies.

2. Describe your most challenging experience.

3. What do you feel are the most important skills, traits and characteristics a person volunteering for IU Health West should have?

4. What do you consider to be your greatest strengths and limitations?

5. Please describe a situation in which you have dealt with adversity?

6. In your own words, please describe why you would like to participate in a volunteer experience for IU Health West.

7. What are you most hoping to gain from a volunteer experience with IU Health West?

Please read all the following statements and let us know how you see yourself:

	Agree	Neutral	Disagree
I am mature and independent.	_____	_____	_____
I am open to new people and experiences.	_____	_____	_____
I demonstrate initiative and dedication.	_____	_____	_____
I am able to follow directions.	_____	_____	_____
I adapt well to changing circumstances.	_____	_____	_____
I show a strong sense of responsibility.	_____	_____	_____
I am a hard worker.	_____	_____	_____
I interact well with peers.	_____	_____	_____
I have strong communication skills.	_____	_____	_____
I demonstrate leadership.	_____	_____	_____
I possess a high energy level.	_____	_____	_____
I have a good sense of humor.	_____	_____	_____
I prefer working alone.	_____	_____	_____