



Volunteer Application

Indiana University Health Bedford Hospital

PERSONAL INFORMATION

Name:
Address:
City: State: ZIP:
Home Phone: Cell Phone:
Email Address:
Emergency Contact: Phone:

Have you ever been convicted of a Crime? If yes, explain when, where and disposition of case.

[Blank lines for criminal record response]

Do you have any limitations? Yes No If so, please explain:

Hobbies and Special Interests:

[Blank lines for hobbies and interests]

EDUCATION

Indicate the highest level of education completed.

High School: 9 10 11 12 College: 1 2 3 4
Certificates: Diploma G.E.D Degree, Major

WORK HISTORY

Please list previous work experience:

[Blank lines for work history]

Other Work Experience:



# Bedford Hospital

IU Health Bedford Hospital  
2900 W. 16th Street  
Bedford, Indiana 47421  
812-275-1200  
www.iuhealth.org/bedford

## PERSONAL REFERENCES

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## VOLUNTEER

Are you volunteering to fulfill academic degree requirements?  Yes  No

Special Skills & Interest: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Availability: Please indicate when you would like to volunteer.

Day(s):  M  Tu  W  Th  Th  F

Time:  Morning  Afternoon

Shift:  4 hours  8 hours  Other \_\_\_\_\_

Frequency:  Weekly  Bi-monthly  Monthly  Occasionally

Areas of Interest: (Check all that may apply.)

General Service  Gift Shop  Ambulatory Care Assistance  Fundraising

Clerical Assistance  Other \_\_\_\_\_

## PROGRAM PARTICIPATION & CONFIDENTIALITY AGREEMENT

By signing this application, I verify that all information is correct; I also agree to treat both patient and/or staff records as highly confidential. I will not discuss any information which I hear, see, read or otherwise acquire except what is appropriate to discuss with hospital staff in a private setting.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**Please return completed application to:**  
Sula Eads, Volunteer Manager  
Indiana University Health Bedford Hospital  
2900 W. 16th Street, Bedford, Indiana 47421  
Phone: 812.277.3818