

**Iowa Specialty Hospitals & Clinics  
Volunteer Application**



**Iowa Specialty**  
*Hospitals & Clinics*

**Contact Information:**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**Availability:**

During which hours are you available for volunteer assignments?

\_\_\_\_\_ Weekday Mornings

\_\_\_\_\_ Weekend Mornings

\_\_\_\_\_ Weekday Afternoons

\_\_\_\_\_ Weekend Afternoons

\_\_\_\_\_ Weekday Evenings

\_\_\_\_\_ Weekend Evenings

**Interests:**

Tell us in which areas you are interested in volunteering:

\_\_\_\_\_ Events

\_\_\_\_\_ Assisted Living

\_\_\_\_\_ Gardening

\_\_\_\_\_ Newsletter Production

\_\_\_\_\_ Auxiliary Fundraisers

\_\_\_\_\_ Volunteer Coordination

\_\_\_\_\_ Main Desk Greeter

\_\_\_\_\_ Gift Shop

\_\_\_\_\_ Scanning

\_\_\_\_\_ Surgery Greeter

**Special Skills or Qualifications:**

Summarize any previous volunteer experience.

**Person to Notify in Case of Emergency:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Reference:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Agreements:**

If you drive for Iowa Specialty Hospitals & Clinics you are required to have the appropriate current and unrestricted license. You will be required to furnish proof of your driving record as part of your application and may be required to release your driving record annually thereafter.

Do you have a record founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions in this state of any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Agreement and Signature**

By submitting this application, I understand I am agreeing to a background check, Tuberculosis Testing, and a minor pre-employment physical. I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent name (please print) \_\_\_\_\_  
(Required if under age 16)

Parent Signature \_\_\_\_\_  
(Required if under age 16)

**Our Policy**

It is the policy of this organization to provide equal opportunities without regards to race, color, religion, national origin gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering for Iowa Specialty Hospitals & Clinics.