



MONUMENT HEALTH

Please complete application and mail
to: MH Custer Volunteer Services
1220 Montgomery Street
Custer, SD 57730

NAME: _____ PHONE: _____
First Middle Initial Last Home Cell

ADDRESS: _____
Street or PO Box City State Zip

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY, CALL:

Name Phone Relationship

The Custer Volunteer program is designed for those who are over the age of 18.

Are you over the age of 18? YES NO

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 volunteer program by someone? Yes _____ No _____

If yes, Name: _____ Relationship: _____

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

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: _____

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 Scheduled Shift? Shifts 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)		
Retail (customer service, retail equipment incl. cash register, etc)		
Special Skills (sewing, performing arts, bi-lingual, etc.) <i>Please specify</i>		
Outreach (community advocacy, public speaking, fundraising, networking)		
Other (Please list):		

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 able to meet the general guidelines for time commitment? Yes ___ No ___

If "No, why not? _____

Volunteers do not receive preference to be hired into 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)