



Sturgis Hospital Volunteer Application

Please complete application and mail to: Sturgis Hospital
Volunteer Services
2140 Junction Ave.
Sturgis, SD 57785
(605) 720-2412

FULL NAME (PRINT) <i>First / Middle Initial / Last</i>		DATE OF BIRTH (MM/DD/YYYY)	
HOME ADDRESS (Street or PO Box)	CITY	STATE	ZIP CODE
EMAIL ADDRESS		SOCIAL SECURITY NUMBER	
HOME PHONE ()	CELL PHONE ()		
IN CASE OF EMERGENCY, CALL (NAME PRINT) and RELATIONSHIP		PHONE	

The Sturgis 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? No Yes

If yes, Name PRINT and Relationship: _____

Are you required to volunteer? No Yes 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 for 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: _____

Full Address: _____

② Name: _____ Relationship: _____

Full Address: _____

③ Name: _____ Relationship: _____

Full Address: _____

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 Shift As Needed

What types of volunteer positions are you interested in?	Have Skills	Willing to Learn
Patient Experience (<i>visiting, tasks as needed, provide comfort and distraction to patients, or for hospice - home visits</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Office Skills (<i>phoning, copying, computer skills, other office machinery skills helpful</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Guest Service (<i>greeting, escorting, delivering, providing information, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Outreach (<i>community advocacy, public speaking, fundraising, networking</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Retail (<i>customer service, retail equipment including cash register, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Special Skills (<i>sewing, performing arts, bi-lingual, etc.</i>) Please specify:	<input type="checkbox"/>	
Other: Please specify	<input type="checkbox"/>	<input type="checkbox"/>

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 adaption: _____

Volunteers are asked to give a minimum commitment of 3 months / 30 hours of service. Volunteers generally serve once a week for a 2 to 4 hour shift. The service doesn't start until the onboarding is complete. Are you able to do that?

Yes No If no, why not? _____

Volunteers do not receive preference for new hires in 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.

Volunteer Applicant Signature: _____ **Date:** _____

For questions, please call the volunteer location you are interested in.