



**Lewis County  
Health System**  
Your Health Partner



**Lewis County  
Health System**  
Hospice

## Volunteer Application Form

Name:(First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

What areas / activities are you interested in Volunteering?

\_\_\_\_\_ Gift Shop    \_\_\_\_\_ Mass/ Rosary    \_\_\_\_\_ Nursing Home / Activities

\_\_\_\_\_ Popcorn    \_\_\_\_\_ Hospice    \_\_\_\_\_ Other, explain \_\_\_\_\_

Previous Volunteer  
experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation, Past occupation if retired: \_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations that may limit your volunteer activities?

YES NO If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Have you ever been convicted of any crime (Felony or Misdemeanor) YES NO

Who should we notify in case of an emergency?

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

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

Relationship: \_\_\_\_\_

Volunteers make an important contribution to our hospital, its patients and our community. It's very important that you take this role and commitment seriously

- I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously
- I will take problems, criticism or suggestions to the volunteer department
- I will endeavor to make my work professional in its quality
- I will conduct myself with dignity, courtesy and consideration
- I will consider as confidential all information which I may hear directly or indirectly concerning a patient, resident or employee
- I will not seek information in regard to patients or residents
- I will uphold the traditions and high standards of this hospital and will interpret them positively to the community

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Volunteers are required to pass a background check and provide two personal references. Paperwork for background check will be provided after the completed application is received.

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

Relationship to applicant: \_\_\_\_\_

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

Phone / cell: \_\_\_\_\_

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

Relationship to applicant: \_\_\_\_\_

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

Phone / cell: \_\_\_\_\_