Southeast Indiana Health Center
Volunteer Applicant Personal Survey

Applicant’s Full Legal Name: _________________________________  Date: _________

Complete and return this form with your completed application. Please be candid with your responses. If necessary, you may attach comments on a separate sheet of paper.

Volunteer Service Areas: please indicate which opportunities you would be interested in:

- Clinical: Nursing
- Clinical: Medical Provider
- Pharmacy
- Clerical
- Housekeeping
- Maintenance
- Yard Maintenance
- Fund Raising
- Greeter
- Open to any opportunity
- Other: ______________________

Why did you select the areas you indicated?

________________________________________________________________________

________________________________________________________________________

Please indicate a time range you can volunteer by day of the week you are available:

Sunday: ______________________  Thursday: ______________________
Monday: ______________________  Friday: ______________________
Tuesday: ______________________  Saturday: ______________________
Wednesday: __________________

How many total hours can you donate regularly each week? ______________________

Will you be out of town for certain seasons? Yes  No     If yes, when? ______________________

Highest level of education achieved: ____________________________________________

Special training/education: ______________________________________________________

Hobbies, Skills, Special Interests: ________________________________________________

Have you ever worked in healthcare before either paid or volunteer?     Yes or No

If YES, what specialty area(s) ________________________________________________