

**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:

- | | |
|---|--|
| <input type="checkbox"/> Clinical: Nursing | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Clinical: Medical Provider | <input type="checkbox"/> Yard Maintenance |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Greeter |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Open to any opportunity |
| <input type="checkbox"/> Other: | <input type="checkbox"/> |

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) _____
