

**SETON NORTHWEST
COLLEGE VOLUNTEER APPLICATION
Seton Northwest Volunteers**

For Office Use Only	
Service Area: _____	Day & Time: _____
Service Area: _____	Day & Time: _____
Volunteer Number: _____	Volunteer Code: _____

I. Name: _____
Last First

Address: _____
Street City Zip

Home Telephone: _____ **Work Telephone:** _____

Email: _____ **Cell Number:** _____

If you are currently employed, please list place of employment: _____

If retired, who was your last employer? _____

Name of Spouse: _____ Retired: (Circle) Y or N

In case of emergency, please indicate who could authorize medical care; we **must** have information about a relative / friend living in the area:

Name: _____

Address: _____

Home Telephone: _____ **Work Telephone:** _____

II. What days and times are you available to volunteer:

(Please check appropriate boxes):

	Monday		Thursday		Sunday		Mornings
	Tuesday		Friday				Afternoons
	Wednesday		Saturday				Evenings

III. Please list your past and current volunteer experiences:

Organization

Name: _____

Your Position: _____

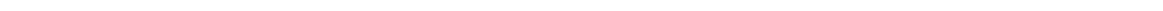
Organization

Name: _____

Your Position: _____

What did you like most about your volunteer experience? _____

What did you like least? _____



IV. Check all statements that you believe apply to you. This information will help us find the kind of volunteer experience that might be of interest to you.

- I prefer to work alone. I prefer routine tasks.
 I prefer to do whatever is needed. I prefer to work in a group.
 I prefer to do office work I prefer to work directly with staff.
 I prefer an opportunity to meet and get to know other people.
 I prefer to work one-on-one with patients.

Please check those times in which you are experienced or have a desire to learn:

- Accounting Leadership
 Bookkeeping Patient Care
 Cashiering Telephone (answering, calling)
 Computer skills/word processing Filing
 Crafts (crochet, knitting, sewing, flower arranging, making ribbons, etc.)
 Other (please specify) _____

V. Why are you interested in volunteering at Seton Northwest and what would you like to get out of your experience here? _____

VI. How did you hear about volunteering at Seton Northwest? _____

VII. Please list names of any friends or relatives who volunteer at Seton Northwest: _____

VIII. Are you volunteering as part of a Community Service requirement that is a condition of your probation or parole? Please circle YES NO

If yes, was your offense a misdemeanor or a felony, and in what county were you convicted? _____

Signature: _____ Date: _____

Thank you for your interest in being a volunteer at Seton Northwest Hospital. We look forward to your assistance and interest in our hospital.

Please note: The Director of Volunteer Services, after consulting with the Auxiliary President, has the right to dismiss a volunteer at any time for any reason, including inappropriate behavior, failure to follow Seton policies and procedures, and/or unreasonable conflict with patients, staff, or visitors. Please return this form to Seton Northwest Hospital; Seton Northwest Volunteer Services; 11111 Research Blvd. Suite 100; Austin, TX 78759
