



McPherson Hospital Volunteer Services
McPherson, Kansas

Volunteer Application
(September, 2011)

Date: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone # _____ Cell Phone # _____

Email: _____

Date of Birth _____

Previous Volunteer Experience

Hobbies, Skills, Special Interests

Emergency Contact Person

Name: _____

Telephone # _____

Name of Physician

Name: _____

Telephone # _____

Service Preference

Clerical (filing, typing, etc) _____

Craft and Sewing Workshop (Monday) _____

Gift Shop (sales clerk) _____

Home Workshop (embroider, sew, knit, crochet, paint, etc) _____

Lobby/ER Information Desk (greet, direct, errands) _____

Surgery Hostess (assist waiting families) _____

Public Relations (special events) _____

Red Cross Blood Mobile _____

Days preferred to work?

Volunteer Service Agreement

*I am at least 18 years old. I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously. I will conduct myself with dignity, courtesy and consideration. I will consider as **CONFIDENTIAL** all information which I may hear or see directly or indirectly concerning a patient, doctor, or any member of the staff. I will not seek information regarding a patient. I will do my best to uphold the traditions of McPherson Hospital.*

Signature of Applicant _____ Date _____

Signature of Volunteer Services Coordinator _____ Date _____

Type of Membership

Active \$ 5.00

Sustaining \$ 10.00

Life \$ 100.00

Dues Paid _____ Date _____

Mail application to:

Lori Koehn, Volunteer Services Coordinator
 1000 Hospital Dr.
 McPherson, KS 67460
 620-241-2251 - Ext. #255
 lorik@mcphersonhospital.org

For Office Use:

Vest/Shirt Name Tag Added to Directory Added to Mailing List