

ADULT – For Internal Use:

Certification: _____

Community Service? _____

**LUTHERAN HEALTH NETWORK
ADULT VOLUNTEER SERVICES APPLICATION**

Thank you for your interest in volunteering with Lutheran Health Network. Volunteers are accepted based upon their abilities, availability and the specific needs for people to provide service to patients and support those providing care for patients. All prospective volunteers or employees undergo a routine background check which requires your social security number.

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Date of Birth _____ Social Security # _____

Driver's License # _____ Photo Copy [] Yes [] No

Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Secondary Phone _____

Do you speak any alternative languages? [] Yes [] No

If yes, please list: _____

EMERGENCY INFORMATION

Emergency Contact _____

Relationship to you _____ Home phone _____

Cell Phone _____ Work phone _____

QUESTIONNAIRE

Why are you interested in volunteering? _____

Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school, etc.)? [] Yes [] No

If yes, please describe the service requirements: _____

Service Organization _____

Contact Name _____ Phone Number _____

Is there anything that may adversely affect your ability to perform volunteer work? [] Yes [] No

If yes, please describe in detail: _____

Are there any accommodations needed in order for you to safely and competently perform volunteer work as requested? _____

Do you have any physical, visual or hearing needs we need to consider? [] Yes [] No

If yes, please explain: _____

Are you physically able to transport patients in a wheelchair? [] Yes [] No

Please check all areas that you are interested in working in the hospital:

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting, Budget & Payroll | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Admitting/Discharge | <input type="checkbox"/> Greeter | <input type="checkbox"/> Patient Floors |
| <input type="checkbox"/> Cafeteria/Coffee Shop | <input type="checkbox"/> Hospital Events | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Cardiac Cath Lab | <input type="checkbox"/> Intensive Care Unit | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Cardio-Pulmonary | <input type="checkbox"/> Infection control | <input type="checkbox"/> Physician Lounge |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Clinical Laboratory | <input type="checkbox"/> Lobby Greeter | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Mail Room | <input type="checkbox"/> Recover Room |
| <input type="checkbox"/> Dietary | <input type="checkbox"/> Materials Management | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Discharge Room | <input type="checkbox"/> Medical Library | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Education | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Waiting Rooms |
| <input type="checkbox"/> Emergency Department Waiting Rooms/Registration Only | <input type="checkbox"/> Visitor Areas | |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Oncology | |
| <input type="checkbox"/> Other: _____ | | |

Please check the facility you are interested in volunteering at:

- Bluffton Regional Medical Center (Bluffton, IN)
 - Dukes Medical Center (Peru, IN)
 - Dupont Hospital (Fort Wayne, IN)
 - Kosciusko Community Hospital (Warsaw, IN)
 - Lutheran Hospital (Fort Wayne, IN)
 - Lutheran Children's Hospital (Fort Wayne, IN)
 - Rehabilitation Hospital (Fort Wayne, IN)
 - St. Joseph Hospital (Fort Wayne, IN)
-

EDUCATION & WORK EXPERIENCE

EDUCATION: Check the highest level

High School: 9th Grade 10th Grade 11th Grade 12th Grade

Name and City/State _____

If under 18, please list your primary interest of study/career goals: _____

College: 1 2 3 4 Degree/Major _____

Name and City/State _____

Graduate School: 1 2 3 4 Degree/Major _____

Name and City/State _____

Employment Experience

Have you ever worked at a hospital? Yes No

Last place of work (if applicable) _____

Address _____

Phone _____ Supervisor's Name _____

Position _____

CERTIFICATION AND AUTHORIZAITON

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of the Hospital.

I authorize the Hospital to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Name: _____

Date: _____

Please return signed application to the volunteer services manager at the facility of your choice, which can be found on: <https://lutheranhealth.net/volunteering>. Signed and completed forms may be sent to the appropriate address or emailed to the facilities' volunteer manager listed. If you have any questions, please call or email your facilities' volunteer services manager.

Dupont, Kosciusko Community, Lutheran, Rehabilitation and St. Joseph hospitals are owned in part by physicians.