



Volunteer Application

Please complete and return to: Shriners Hospitals for Children – Portland, Community Affairs, 3101 SW Sam Jackson Park Rd, Portland, OR 97239-3009

You must be 18 years of age (21 if you are or have been a patient), and willing to commit to six months of consistent volunteer service, attend orientation, submit to a drug and alcohol screen test, and to a criminal background check.

For Staff Use Only:

Application Received _____
Interview date _____ Cleared _____
Dept approval _____ Letter sent _____
Copy to HR _____ Orientation _____
Position _____

Application Date _____

SECTION ONE: GENERAL CONTACT INFORMATION

First Name _____ Last Name _____ Suffix _____

Address _____ Unit # _____

City _____ State _____ Zip code _____ - _____

Primary Phone _____ Alt. Phone _____

E-mail _____

Birth Date (mmddyyyy) _____

Primary physician _____ Physician Phone _____

Emergency Contact _____ Phone _____

SECTION TWO: TELL US ABOUT YOU

Why have you chosen to volunteer at Shriners Hospitals for Children? _____

Applicant's Occupation _____ Work Phone _____

Former Occupation (if retired) _____

Affiliations with clubs/organizations _____

Formal Education _____

Special Training/Skills _____

Hobbies, Special Interests _____

Tell us about yourself. Describe qualities you have that you feel would be beneficial in a volunteer position.

Please tell us why you would like to be a volunteer at the Shriners Hospital for Children—Portland.

SECTION THREE: PREFERENCES

Please read through the Volunteer Opportunities sheet attached to this packet before completing this section.

Days Available:

Monday Tuesday Wednesday Thursday Friday

May we call upon you occasionally to help with weekend or evening events? _____

Time of Day You Are Available:

Morning Afternoon Evening

Volunteer Position(s) interested in (please refer to the Volunteer Opportunities sheet):

Child Life Clerical Support Driver
 Hospitality Desk Patient Support/Care Recreation/Movement Arts
 Sewing Special Events Tour Guide

List any previous or present health conditions that could limit your work: _____

SECTION FOUR: REFERENCES

If you have previous volunteer experience, please give us the following information:

Organization _____ Number of months served _____

Contact _____ Phone _____

Please name two people you have known for at least two years, other than relatives, who could provide a recommendation for you.

Name: _____ Address: _____

Phone: _____ Relationship to you _____

Name: _____ Address: _____

Phone: _____ Relationship to you _____

Please read the following and sign below.

If accepted as a volunteer, I understand that I will be expected to:

1. Accept responsibility for transportation to and from the Hospital.
2. Be punctual in my arrival and dependable in my service.
3. Give sufficient notification to the department where I am assigned if I must be absent.
4. Abide by the established hospital policies and procedures, especially with respect to the confidential information, which may be entrusted to me.

Signature: _____

Date: _____