



Volunteer Application

Name _____ E-mail _____

Address _____

Phone _____ (HOME) _____ (CELL)

Areas of Interest: *Please check all that apply.*

- Information Desk Greeter Clerical Gift Shop
- Critical Care Waiting Merle M. Mahr Cancer Center Emergency Dept
- Surgery Waiting Fitness Formula Other: _____

Availability: *Please check all that apply.*

- What days are you available? Mon Tues Wed Thurs Fri Sat Sun
- Do you prefer: Morning (8 a.m.-noon) Afternoon (noon-4 p.m.) Evening (4-8 p.m.)

Education: *Please circle last year completed.*

- High School 9 10 11 12 GED Where? _____
- College 1 2 3 4 Degree _____ Where? _____
- Other graduate/technical/professional education or training: _____

Employment:

Last or current place of employment _____ Position _____

Employer address _____

Phone _____ Dates Employed _____ Supervisor _____

Skills: *Please list any skills, abilities, or special training.*

Background Information:

- Have you previously worked at Trover Health System? Yes No

If yes, give department/area and dates _____

- Do you have friends or relatives who work or volunteer at Trover? Please list. _____

- Please list previous volunteer experience _____

- Are there any medical conditions, limitations, or special needs we should know about to assign an appropriate volunteer position? _____

- Have you ever been convicted of a crime, excluding minor traffic violations? Yes No

If yes, please list the citation, date, court, and place the offense occurred. *(Please note: A conviction does not necessarily disqualify you from volunteering)* _____

- How did you learn about our volunteer program? _____

- Why would you like to volunteer at Trover? _____

References: *Please list two references (not relatives).*

1. Name _____ Relationship _____

Address _____ Daytime phone _____

2. Name _____ Relationship _____

Address _____ Daytime phone _____

Read Carefully and Sign

All information on this application is true and complete. I understand that any false statements or significant omissions may be considered sufficient cause for dismissal. I understand that selection is contingent upon satisfactory outcomes of reference and background checks. I give my permission to conduct reference and background checks. If selected I agree to abide by the laws, regulations, policies, and procedures that govern Trover Health System and the Volunteer Services department. I further agree to fully support the mission and core values of Trover Health System and to represent Trover Health System in a positive manner at all times.

Applicant Signature _____ Date _____

Please return to Guest Services, Trover Health System, 900 Hospital Drive, Madisonville, KY 42431