

SERVICE PREFERENCE

PLEASE CHOOSE AT LEAST 3. RANK YOUR PREFERENCES (1ST, 2ND, 3RD)

Administrative Support _____ Emergency Dept. _____ Newspaper Services _____
Anywhere needed _____ Gift Shop _____ Nutrition Services _____
Baby Photos _____ Greeter/Escort _____ Physical Therapy/
Birthing Center _____ Information Desk _____ Rehabilitation _____
Coffee/Juice Cart _____ Same Day Surgery _____

DAY(S) AND TIME(S) YOU ARE AVAILABLE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning							
Afternoon							
Evening							

REFERENCES

LIST THREE (3) REFERENCES WHO ARE NOT RELATIVES OR EMPLOYER:

NAME

ADDRESS

TELEPHONE #

- (1) _____
 - (2) _____
 - (3) _____
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I hereby apply for Volunteer service with Civista Health Auxiliary, Inc. and I understand and agree to comply with the requirements and regulations of the Hospital. I will maintain the dignity and integrity of the Hospital with the public, and honor confidential information. I agree to accept responsibility to honor the commitment of time for which I am scheduled and to provide adequate notice when I am unable to report for duty. I understand that this is a voluntary commitment that may be terminated at any time.

SIGNATURE

DATE