You would make a good volunteer if you:

- Have a sincere interest in people and helping others
- Are willing to accept hospital policies and procedures
- Have a sense of responsibility and dependability
- Have a professional and positive attitude about your commitment to the hospital, its patients, and visitors
- Are willing to commit to four hour segments

Getting Started
Thank you for your interest in volunteering at Bixby Hospital. In order to satisfactorily complete this application you should have an actual application form and three forms of recommendation.

Please complete the enclosed volunteer application form and mail it to the volunteer office.

Letters of recommendation may either accompany the application or be mailed separately. The application will not be reviewed until at least two (2) letters of recommendation have been received. All letters and applications are put on file for one year. Letters should emphasize the personal qualities that make you a good candidate to volunteer in a hospital. Please have the letter writer include their telephone number, in case further follow up is needed.

Prior to acceptance of your application, a four hour shadowing/interview will be required.

If your application is accepted, you will be called in for a three hour orientation. If the facilitators agree that volunteering in a hospital is the best place for you, placement and schedule will also be discussed. You will be required to get a TB test before placement.

Thank you for your interest and I look forward to receiving your application. Please call me if you have any questions (517) 265-0171.

Sincerely,

Pamela M. Van Doren
Volunteer Coordinator

Date Received: _________________
VOLUNTEER APPLICATION

Name: ________________________________ Date of Birth _____________ (Optional)

Teen Application Yes ( ) No ( ) Are you at least 14 years of age? Yes ( ) No ( )

Address: Street _____________________ City ___________ Zip_________

Telephone: Home ________________ Work ___________________

Email address: ________________________________

Referral Source: How were you referred to the Volunteer Program?
Friend/Relative _________________Church/Synagogue _________________

Physician ______________________Or- ganization ___________________________

Another Volunteer _________________ Newspaper Ad _________________

Other _________________________

VOLUNTEER WORK OBJECTIVES:

Learn New Skills ( ) Use Skills ( ) Help Community ( )
Have Fun & Relax ( ) Meet and work with people ( ) Explore Careers ( )
Develop Skills ( ) Make worthwhile use of time ( ) Other ( ) _________________________

EDUCATION
Grade Level Completed _________________ Major ___________________________

Present Status:
Middle/High School Grade ________ School Name __________________________

College/University Year ___________ Name of Institution __________________________

EXPERIENCE PAID EMPLOYMENT

Organization _________________________ Job Title _________________________

Job Duties _____________________________________________________________

Length of Service ______________________

Organization _________________________ Job Title _________________________
Job Duties ___________________________________________

Length of Service ________________________________

VOLUNTEER EXPERIENCE

Organization ___________________________ Job Title _______________________

Length of Service __________________

Organization ___________________________ Job Title _______________________

Length of Service __________________

(If more space is needed, use the back of this page.)

AVAILABILITY

What type of time commitment are you willing to make if your application is accepted by the Volunteer Department?

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td>Mornings</td>
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<tr>
<td>Afternoons</td>
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</tr>
<tr>
<td>Evenings</td>
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</tr>
</tbody>
</table>

Total Hours Per Week __________

PLACEMENT REFERENCES

Office/Clerical ( ) Emergency Room ( ) Gift Shop/Gift Cart ( ) Patient Escort ( )
Reception Desk ( ) Oncology ( ) Surgery Reception ( ) Stitch & Stuff ( )
Medical Records ( ) Courtesy Coach ( ) Float Pool ( ) Emergency Dept ( )
Phase 2 ( ) Ambulatory ( )

SKILLS – Please check any special skills, hobbies, or special interests

Typing ( ) Telephone ( ) Computer ( ) Sign Language ( )
Working with Public ( ) Public Speaking ( ) Photography ( ) Mailings ( )
Writing ( ) Foreign Language(s) ( )

I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by Bixby Hospital. Misrepresentation of facts constitutes cause for separation from Volunteer Services.

Name ________________________________ Date ______________________
is applying for a volunteer position at our facility and has given your name as a reference. Please complete the form below and return it in the enclosed, self-addressed envelope as soon as possible. The form may also be faxed to (517) 265-0872.

Thank you! Pam Van Doren, Volunteer Coordinator

1. How do you know the applicant? (Please circle one)
   - Friend
   - Co-Worker
   - Volunteer
   - Other: (Please specify) ________________________________________________________

2. Length of time you have known this individual: __________________________________________

3. Please evaluate the following:

<table>
<thead>
<tr>
<th>Ability to get along with others</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Do Not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
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<tr>
<td>Attendance</td>
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<tr>
<td>Integrity</td>
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<tr>
<td>Personal Appearance</td>
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<tr>
<td>Ability to work with minimal supervision</td>
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</tr>
</tbody>
</table>

4. Please add any comments which will aid in evaluating the applicant’s ability to be of services as a health care volunteer:

   ____________________________________________________________

5. Please indicate the strength of your overall recommendation by placing an “X” in a box below:

<table>
<thead>
<tr>
<th>Not Recommended</th>
<th>Recommended with Reservations*</th>
<th>Recommended</th>
<th>Highly Recommended</th>
</tr>
</thead>
</table>

* Reservations: ____________________________________________________________

Signature of Respondent
Title (if appropriate) ___________________________________________________
Address: __________________________________________________________________
Telephone: __________________________ Date: __________________________