

Volunteer Application Form  
Marshalltown Medical & Surgical Center  
Marshalltown, Iowa 50158  
Phone: 515-754-5093 FAX: 641-844-6201

**Personal Information**

Name: First \_\_\_\_\_ Middle initial \_\_\_\_\_ Last \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail Address \_\_\_\_\_

FAX Number: \_\_\_\_\_

I prefer to receive call at: Home \_\_\_ Work \_\_\_ Cell number \_\_\_

Social Security number: \_\_\_\_\_

\_\_\_\_\_

**Background**

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this or any other state? Yes \_\_\_ No \_\_\_

If yes, please explain.

**Emergency Contact Information**

1. Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_

Have you had experience as a volunteer? Yes \_\_\_ No \_\_\_

Previous Volunteer Experience \_\_\_\_\_

How did you hear about our program?  
\_\_\_ Friend \_\_\_ Newspaper \_\_\_ Brochure \_\_\_ School Counselor \_\_\_ Other

(Please specify) \_\_\_\_\_

References to Contact (employer or non-relative)

Name

Phone Number:

E-mail Address:

Name

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
E-mail Address:

Name \_\_\_\_\_

Phone Number:

\_\_\_\_\_  
E-mail Address:

### Requirements

Volunteers applicants must be 14 years of age or older.

Adult volunteers for one 4 hour shift once a month for adults.

A criminal background check will be completed.

Each new volunteer must complete tuberculosis (TB) testing and completed health record is also required.

Each volunteer is required to attend and orientation on safety, infection control, confidentiality, and customer service.

If the volunteer opportunity requires you to drive, you must provide proof of a valid State of Iowa drivers license, and if applicable current proof of vehicle insurance.

Can you meet the requirements listed above? Yes \_\_\_ No \_\_\_

Availability Preferences

Check days most convenient to you. : Mon Tues Wed Thurs Fri Sat Sun

Check times most convenient for you: A.M. (6-8) (8-12) P.M.(12-4) Eve (4-8)

