



Describe other specialized job skills or abilities which will assist in evaluating your qualifications:

**VOLUNTEER WORK DESIRED**

If known, please list type of volunteer position desired:

Good Samaritan Hospital does not discriminate in volunteer practices because of race, color, religion, sex, age, disability, national origin, marital status, family relationship, or association with anyone of a particular race, color, sex, national origin, marital status or religion.

**Days Preferred**

**Time Preferred**

		Morning	Afternoon	Evening
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

**SPECIAL INTERESTS**

Names and phone numbers of references submitted with this application:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**IN CASE OF ILLNESS WHILE ON DUTY, CONTACT:**

_____	_____				
Name	Family Doctor				
_____	_____				
Address	Business Address				
_____	_____				
City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____
Home Phone	Business Phone	Business Phone			

**VOLUNTEER COMMITMENT**

Upon acceptance to the volunteer program, I will accept responsibility to be punctual and dependable. I will perform my assignments, refrain from doing what I have not been trained to do, and abide by hospital ethics and policies.

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I CERTIFY THAT THE INFORMATION SET FORTH IN THIS VOLUNTEER APPLICATION IS TRUE AND COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF ACCEPTED AS A VOLUNTEER, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR MY DISMISSAL.

I FURTHER UNDERSTAND THAT MY VOLUNTEERING IS CONTINGENT UPON SUCCESSFUL COMPLETION OF REFERENCES, EDUCATIONAL REQUIRED HEALTH TESTING AND INFORMATION AND CRIMINAL BACKGROUND INFORMATION FURNISHED BY ME. I CONSENT TO AND AUTHORIZE THE VOLUNTEER SERVICES OFFICE TO REQUEST ANY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT/ VOLUNTEERING RECORD AS INDICATED ON THIS APPLICATION. I HEREBY RELEASE ALL PARTIES AND PERSONS CONNECTED WITH ANY REQUEST FOR INFORMATION FROM ALL CLAIMS, LIABILITIES, AND DAMAGES FOR WHATEVER REASON ARISING OUT OF FURNISHING SUCH JOB/VOLUNTEERING RELATED INFORMATION.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CONSENT** (for junior volunteers only)

My daughter/son \_\_\_\_\_ has my consent to serve as a volunteer at Good Samaritan Regional Medical Center/Samaritan Health Services, Corvallis, Oregon.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

