

Dear Prospective Volunteer,

Thank you for your interest in Central DuPage Hospital's Volunteer Program. We have a very active volunteer program with over 500 men, women, and teens contributing over 70,000 hours of volunteer service every year.

Where you are placed within our program depends upon the time frames in which you are available for volunteer work and your areas of interest. We make every effort to place volunteers in areas they will find rewarding. Our goal is to find the perfect fit between our volunteers and their specific assignments, so your responses to the questions on the enclosed application are very important to us. Please make every effort to answer the questions as completely and accurately as possible.

When you have completed the application, return it to the CDH Volunteer Office. Upon receipt of the completed application, we will contact you and set up an interview to discuss your specific information. Appointments for interviews are made between the hours of 10a.m. and 4p.m., Monday through Friday.

If you have any questions, feel free to call or email me.

I'm thrilled that you are considering spending your valuable time as a member of our team. I look forward to meeting you soon.

Sincerely,

Eileen Belokin
Director, Volunteer & Guest Services
630/933-6207
eileen_belokin@cdh.org

Tell us about yourself.....

1. What do you like to do?

2. Will you need time off from volunteering?

3. Have you ever volunteered before? *Yes* or *No* Doing what?

4. What did you enjoy most about volunteering?

5. What did you like least about volunteering?

6. Do you like to work on your own or with a partner and why?

7. Why did you pick Central DuPage Hospital?

8. Why did you pick now to volunteer?

9. List one of your greatest accomplishments.

10. What do you hope to gain from this experience?

11. What do you see yourself doing as a volunteer at Central DuPage Hospital?

12. Is there anything you would like to tell me about yourself that would help me find the best volunteer position for you? (physical limitations, medications, etc.)

13. Are you flexible about what kind of volunteer work you do?

Are you interested in working with: Patient or Public Contact Clerical or No Public Contact No
Preference

For Office use only:

Date Received: _____ Orientation: _____ Interview: _____

Assignment: _____ Day: _____ Time: _____

Last Day: _____ Reason: _____ Total Hours: _____

1) Volunteer Agreement _____ 2) Position Description _____ 3) Training Guidelines _____ 4) Competency _____

5) Reference Called _____ 6) Dr. Form _____ 7) ID Badge _____ 8) TB Skin Test _____

Comments:

Central DuPage Hospital Volunteer Agreement

IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT:

1. I shall hold as *absolutely confidential* all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
2. I shall submit to annual PPT skin tests, which will be done by the Employee Health services. I will provide the hospital with my immunization history as requested by employee health. I hereby authorize my doctor(s) to furnish the hospital information concerning my health.
3. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my performance professional in quality.
4. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
5. I shall, at all times, uphold the Pledge and Value of Central DuPage Hospital.
6. My services are donated to the hospital without any expectation of compensation or future employment.
7. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:
 - (a) failure to comply with hospital policies, rules and regulations
 - (b) absences without prior notification
 - (c) unsatisfactory attitude, behavior or appearance.
8. I understand that I will be properly trained in my volunteer position, and after training is completed, my competency may be subject to evaluation.
9. I understand that I will have a specific dress code to follow as a volunteer.

I have read the above conditions and I agree to them.

Volunteer Signature

Date