

PLEASE PRINT LEGIBLY
(EXCEPT SIGNATURE)



OFFICE USE ONLY:

Date received:
Date logged:
Reviewed by:

Volunteer Application

Please drop-off or mail completed application to:

Terri Chambers
Foundation Data Manager/Development Assistant
320 Alpenglow Lane
Livingston, MT 59047

Contact information:

406-823-6648

volunteer@livingstonhealthcare.org

Name

Last First Middle Maiden

Present address

Telephone () Cell () Email

Are you 18 years old or above? YES NO When are you available to start volunteering? _____

Are you available to work at least one 4 hour shift once a week? YES NO

Times you are available to volunteer: S M T W TH F S Mornings Afternoons Evenings

What does volunteering mean to you?

Why are you interested in volunteering with Livingston HealthCare?

Have you volunteered in a health care setting before? YES NO *If yes, please describe your experience:

Describe any specialized skills, training, or extra-curricular activities:

Previous work/volunteer experience

Name of Organization_____	Name of Organization_____
Dates worked/volunteered_____	Dates worked/volunteered_____
Job duties_____	Job duties_____

Personal or professional references

Reference Name _____	Reference Name _____
Relationship to applicant _____	Relationship to applicant _____
Phone _____	Phone _____

Please indicate your preferences in providing services:

	YES	NO
Patient transport to and from the parking area/other locations		
Answering phones		
Friendly visits		
Assisting patients and visitors with way finding throughout facility		
Stocking medical and administrative supplies		
Event coordination and assistance		
Landscaping, weeding, trail maintenance		
Reading to patients or offering reading materials to unit		
No patient contact, i.e. typing, filing, administrative duties		
Assisting patient families		
Other (please explain: _____)		

CRIMINAL RECORD INFORMATION: Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? ☐ No ☐ Yes (A conviction record will not necessarily disqualify you from volunteering.)

If yes, give conviction date, crime convicted of, law enforcement agency, court jurisdiction, disposition, and type(s) of rehabilitation, if applicable:

I understand that in accepting this application, Livingston HealthCare is in no way obligated to provide me with a volunteer position and that I am not obligated to accept volunteer position if offered. I understand that none of the documents, procedures, actions, statements of Livingston HealthCare or its representatives used during the volunteer process is deemed a contract of a volunteer position, real or implied. I authorize investigation of all statements contained in this application for a volunteer position as may be necessary in arriving at a volunteer decision.

Livingston HealthCare is a drug-free workplace. Livingston HealthCare does not accommodate the medical use of marijuana in the workplace, which is in accordance with Montana Code

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application, or omission of fact on either this application or during the pre-volunteer process, may result in my application being rejected, or, if I am accepted, my volunteering could be terminated. I understand, also, that I am required to abide by all rules and regulations of the organization.

I also understand that any volunteer opportunity made to me by Livingston HealthCare is conditional on satisfactory completion/fulfillment of all pre-volunteer requirements (e.g., PPD "TB" testing, criminal background checks, etc.).

Signature of Applicant

Date

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.