CHADRON HOSPITAL

VOLUNTEER PROGRAM APPLICATION

Thank you for your interest in volunteering with Chadron Hospital!
"Hospital hospitality is making a difference"

About You:

Full Legal Name: _____ **DOB:** _____

Address: _____**City:** _____**State:** _____ **ZIP:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____**Preferred Method of Contact:** ☐ Phone ☐ Email ☐ Text

---

Availability: When are you generally available to volunteer?

Day	Morning	Afternoon	Evening
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐

Day	Morning	Afternoon	Evening
Friday	☐	☐	☐
Saturday	☐	☐	☐
Sunday	☐	☐	☐

Preferred number of hours per week:
_____

Preferred volunteer schedule:
☐ Weekly ☐ Every other week ☐ Monthly ☐ As needed ☐ Seasonal/Temporary
Are there specific dates, times, or scheduling restrictions we should be aware of?

Volunteer interests:

What areas or activities are you interested in? *Check all that apply.*

☐ Greeting/Reception Support
☐ Patient/Resident Support
☐ Hospitality/Visitor Assistance
☐ Activities/Recreation
☐ Clerical/Office Support
☐ Community Events
☐ WayFinder/Guest Assistance
☐ Home Health & Hospice
☐ Prairie Pines Lodge
☐ Legend Buttes Health Services
☐ Other:
_____

EXCELLENCE IN HEALTHCARE

CHADRON HOSPITAL

What interests you most about volunteering with Chadron Hospital?

Skills, talents & languages:

Please tell us about any skills, talents, certifications, hobbies, or special interests you could bring to our volunteer program.

Languages Spoken:

☐ English ☐ Spanish ☐ Sign Language ☐ Other: _____

Other skills, certifications, or training that may be helpful in a volunteer role:

Previous experience: Have you volunteered before? ☐ Yes ☐ No

If yes, please provide the organization, type of volunteer work, and approximate dates:

Organization: _____**Dates:** _____

Volunteer Role/Activities: _____

Organization: _____ **Dates:** _____

Volunteer Role/Activities: _____

Please list any previous employment, healthcare, customer service, education, caregiving, or other experience that may be relevant to volunteering:

How did you hear about us?

☐ Friend/Family
☐ Current Employee
☐ Social Media
☐ Chadron Hospital Website
☐ Community Event
☐ School/College
☐ Community Organization
☐ Referral: _____
☐ Other: _____

References:

Please provide **two references** who can speak to your character, reliability, responsibility, or suitability for volunteer service. References should not be immediate family members.

CHADRON HOSPITAL

Reference 1

Name: _____Relationship: _____

Phone: _____Email: _____

Reference 2

Name: _____Relationship: _____

Phone: _____Email: _____

I authorize Chadron Community Hospital & Health Services to contact the references listed above for the purpose of evaluating my suitability for volunteer service. **Initials: _____**

Applicant acknowledgement:

By signing below, I confirm that the information provided in this application is true and complete to the best of my knowledge.

I understand that:

- Volunteer service with Chadron Hospital is unpaid.
- Completion of this application does not guarantee acceptance into the volunteer program or placement in a particular volunteer role.
- I must successfully complete all required screening, health requirements, orientation, and training before beginning volunteer service.
- I am required to follow all applicable Chadron Hospital policies and procedures.
- I am required to maintain confidentiality and comply with HIPAA requirements.
- I must complete required annual volunteer training.
- My volunteer service may be discontinued if I fail to meet volunteer expectations, policies, safety requirements, or training requirements.

I understand and agree to the expectations outlined in this application.

Applicant Name (Print): _____

Applicant Signature: _____Date: _____

Please submit your application in person at Chadron Hospital, 825 Centennial Drive, Chadron, NE, 69337
For more information, contact Alynn Risseeuw, B.S.W Volunteer Program Coordinator, (308) 432-0254

Big enough to serve, small enough to CARE.