



LA RABIDA
CHILDREN'S HOSPITAL

6501 South Promontory Drive
Chicago, IL 60649

APPLICATION FOR ADULT VOLUNTEER SERVICE

LAST NAME FIRST NAME MIDDLE INITIAL DATE

PRESENT ADDRESS PRESENT TELEPHONE #
 ()
 Street City/Zip

ALTERNATIVE PHONE # () E-MAIL ADDRESS
 Are you at least 18 years of age?
 SOCIAL SECURITY # Yes No

EMPLOYER ADDRESS

JOB TITLE BUSINESS TELEPHONE #
 ()

VOLUNTEER EXPERIENCE

EDUCATION (circle the appropriate years)
 High School 1 2 3 4 College 1 2 3 4 Other

DEGREES/DIPLOMAS RECEIVED

SKILLS/SPECIAL TRAINING
 Music Art Crafts
 Typing Computers Foreign Languages
 Hobbies/Other

WHY DO YOU WANT TO VOLUNTEER AT LA RABIDA?

WHAT TYPE OF VOLUNTEER WORK ARE YOU INTERESTED IN DOING AT LA RABIDA?

(continued on back side)

WHAT DAY(S) OF THE WEEK AND WHAT HOURS ARE YOU AVAILABLE TO VOLUNTEER?

HOW DID YOU LEARN ABOUT THE VOLUNTEER PROGRAM AT LA RABIDA?

HAVE YOU EVER BEEN CONVICTED OF A CRIME (excluding sealed or expunged records or arrests)?
Yes _____ No _____ If yes, explain (a conviction does not constitute an automatic bar to volunteer service; it will be considered insofar as it relates to fitness to perform the volunteer job itself).

HAVE YOU EVER BEEN INDICATED FOR CHILD ABUSE/NEGLECT? Yes _____ No _____

WHO SHOULD BE CONTACTED IN CASE OF AN EMERGENCY?

Name	Address	Telephone #
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REFERENCES

Please list two people we can contact to provide a recommendation. **These may not be relatives.**

Name	Address	City/Zip	Telephone #
1. _____	_____	_____	(____) _____
2. _____	_____	_____	(____) _____

I certify that the information provided in this application for volunteer service is true and complete to the best of my knowledge. I understand that any misrepresentation, omissions, or falsification of information may disqualify me from future consideration for volunteer service and constitutes grounds for immediate dismissal from any subsequent volunteer service at La Rabida Children's Hospital.

In consideration of my volunteer service, I agree to conform to the rules and regulations of La Rabida Children's Hospital and behave in accordance with La Rabida Children's Hospital's policies and procedures. I understand and agree to submit to a pre-volunteer health screen and such further health screen(s) as may be required by La Rabida Children's Hospital. I also understand that my future volunteer service is contingent upon passing this health screen, as well as a background check (which may include criminal background check and a reference check).

I hereby authorize persons, schools, my current employer (if applicable) and/or previous employers named in this application to provide La Rabida Children's Hospital and MCHC, the organization that provides a part of this service, with any relevant reference information and I release all individuals, partnerships, associations or corporations from any liability regarding the use of such information.

Signature _____ Date _____

PLEASE RETURN THIS APPLICATION TO:

Manager, Volunteer Services
La Rabida Children's Hospital
6501 South Promontory Drive
Chicago, IL 60649