



Volunteer Application

“Pella Regional Health Center will not discriminate against an individual because of race, religion, color, sex, age, national origin, disability or military status.”

Name _____

Phone _____

Address _____

E-mail _____

City _____

Emergency Contact _____

If 16 and under complete this section:

School Attending _____

Grade Level _____

Area's interested in Volunteering

Circle appropriate areas:

Hospital

Ask Me Desk (Information Desk)

Snack Bar

Rockers

Sewing/Mending

Flower Cart

Clerical/ Answering phones

Contact Angie Lyng @ 621-2362 or e-mail alyng@pellahealth.org

Stork Snacks (deliver goodies to OB)

Inpatient helper

Long Term Care

Outings/Lunches

Pet Therapy

Bulletin Boards/Door Signs

Reading

Crafts

Bingo/Games

Wheel Chair Rides

Contact Chris Thomas @ 628-6660 or e-mail cthomas@pellahealth.org

References

Name _____ Phone # _____

Name _____ Phone # _____

“I understand that my signature on this application indicates my willingness and ability to abide by the policies and procedures of Pella Health Center as they have been explained to me.”

Signature _____ **Date** _____

