

What is your Motivational Window?

<p>WISE WHYS? (Cause or issue about which I am passionate)</p>	<p>GLAD GIFTS: (I like to do it & I am good at it)</p>
<p>QUESTS (I want to learn about it or try doing it)</p>	<p>NO-NOs (You can't pay me enough to do it)</p>

Based on: "Building Work That Satisfies: Volunteers and the Window of Work" by Ivan Sheier.

Please check the skills that you possess:

	Customer Service		Clerical (General office work, filing)
	Computer Skills		Previous Medical Background
	Phone Skills		Other:
	Data Entry:		Other:
	Other:		Other:
	Other:		Other:

What volunteer positions are you interested in?

	Patient Interaction Clerical		Family Support
	Customer Service		Purchasing/Retail
	General Department Support		Facility
	Other:		Other:
	Other:		Other:
	Other:		Other:

Preferred schedule:

	Morning		Afternoons		Evenings
	Weekends		Monday		Tuesday
	Wednesday		Thursday		Friday
	Saturday		Sunday		Other:
	Other:		Other:		Other:

Is there any other information you would like to share with us:

“I certify that the information given by me in this application is true in all respects, and I agree that if accepted as a volunteer and it is found to be false in any way, that I may be subject to dismissal, without notice, if and when discovered. I authorize the use of any information in this application to enable the hospital to verify my statements, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked by the hospital concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I further agree, if accepted as a volunteer, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and to notify my contact should I be absent for any reason. I agree to submit to a pre-assignment TB skin test and if accepted as a volunteer, I agree to abide by all present and subsequently issued policies and rules of the Hospital and Volunteer Services.”

Signature: _____ Date: _____

Volunteer Orientation Date: _____

Department: _____ Position: _____

Day/ Time: _____ Start Date: _____