Please save blank form to your laptop or PC. Email completed form to: Kassidy.Tessendorf@unitypoint.org

UnityPoint Health
Marshalltown

Volunteer Application

PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ Zip Code _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Social Security Number (Background Check): _____ Birth date (with year): _____

I give consent for UnityPoint Health Marshalltown to run a background check on me.

(Signature below indicates agreement)

Signature: _____ Date: _____

Emergency Contact: _____ Relationship: _____ Phone Number: _____

EMPLOYMENT INFORMATION

Current Employer (if applicable): _____

Past Employer (if applicable): _____

Position: _____ Phone Number: _____

REFERENCES (Non-Family Member)

Name: _____ Relationship: _____

Phone Number: _____ E-mail Address: _____

Name: _____ Relationship: _____

Phone Number: _____ E-mail Address: _____

Why are you interested in volunteering?_____

_____

Previous Volunteer Experience?_____

How did you hear about our program?_____

REQUIREMENTS

- Adult Volunteers must be 18 years of age, teen volunteers must be at least 14 years of age.
- All volunteers are asked to at least volunteer once a month.
- A criminal background check will be completed.
- Each new volunteer must complete a TB blood draw.
- A completed health record is required.
- Each new volunteer is required to attend an orientation on safety, infection control, confidentiality, and customer service.

I agree to the above requirements and verify that the above, provided information is accurate.

(Signature below indicates agreement.)

Signature:_____ Date:_____

UnityPoint Health Volunteer Services Department is not obligated to provide placement, nor are you obligated to accept the position offered.