

Hospital Volunteer Interest and Shift Availability Sheet

Please complete this sheet to indicate your areas of interest and availability for volunteering at the hospital. This printed form will be kept on file with Volunteer Services.

Personal Contact Information

Full Name:

Phone Number:

Email Address:

Emergency Contact Name & Phone:

Volunteer Areas of Interest

Please type "Yes" next to any areas that interest you, or indicate your level of preference (e.g., High, Medium, Low):

Information Desk / Greeter:

Gift Shop / Cafeteria:

Patient Comfort & Visitation:

Administrative & Clerical Support:

Pediatrics / Playroom:

Patient Discharge Escort:

Shift Availability

Please enter "Available", "Preferred", or leave blank for each shift time:

Day of the Week	Morning Shift (8:00 AM - 12:00 PM)	Afternoon Shift (12:00 PM - 4:00 PM)	Evening Shift (4:00 PM - 8:00 PM)
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>

Skills, Qualifications, & Certifications

List any relevant certifications (e.g., CPR, First Aid), languages spoken, or previous experience:

Skill / Certification 1:

Skill / Certification 2:

Languages Spoken:

Additional Notes or Constraints: