



Newman Regional Health  
Volunteer Services  
1201 West 12<sup>th</sup> Avenue  
Emporia, KS 66801  
(620) 343-6800  
www.newmanrh.org

## Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_  
Street City State Zip Home Phone \_\_\_\_\_

EMAIL: \_\_\_\_\_

### EMERGENCY CONTACT:

Name Address Phone Relationship

Name Address Phone Relationship

Work Status \_\_\_\_\_ Employed \_\_\_\_\_ Student \_\_\_\_\_ Unemployed \_\_\_\_\_

Current or last Place of Employment \_\_\_\_\_ Years Employed \_\_\_\_\_

Have you been employed by Newman Regional Health? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, dates \_\_\_\_\_

Have you ever committed, been convicted of, or pled guilty to a felony or a misdemeanor? (Note Conviction of a crime is not necessarily grounds for disqualification.) Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain. \_\_\_\_\_

Do you know any reason you can not perform the essential functions of the volunteer position you are applying for, with or without accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe any accommodations required: \_\_\_\_\_

### Service Area Opportunities – (Check all areas of interest)

- |   |   |
|---|---|
| <input type="checkbox"/> Baking at Home                   | <input type="checkbox"/> Snack Bar                                      |
| <input type="checkbox"/> Blood Mobile                     | <input type="checkbox"/> Mail Delivery                                  |
| <input type="checkbox"/> Medical Plaza Information Desk   | <input type="checkbox"/> Gift Shoppe                                    |
| <input type="checkbox"/> (East) Patient Information Desk  | <input type="checkbox"/> (North) Patient Information Desk               |
| <input type="checkbox"/> Surgery Patient Information Desk | <input type="checkbox"/> Loving Arms infants, Toddlers & Late Adulthood |

Areas of Interest: Patient Contact \_\_\_\_\_ Public Contact \_\_\_\_\_ Clerical \_\_\_\_\_

Other \_\_\_\_\_

How did you hear about Newman's Volunteer Program?

Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ Brochure \_\_\_\_\_ Other \_\_\_\_\_

List Previous Volunteer Experience. \_\_\_\_\_



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**VOLUNTEER AVAILABILITY** (Mark days and times you are available to work)

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday

Shifts Available: \_\_\_ Mornings (8-12) \_\_\_ Afternoons (12-4) \_\_\_ Evenings

Comments \_\_\_\_\_

**PERSONAL WORK/SCHOOL REFERENCES** – Please list 2 References (*Do not use Relatives*).

1 \_\_\_\_\_  
Name Address Phone

2 \_\_\_\_\_  
Name Address Phone

**HEALTH INVENTORY:**

Chronic illness or health problems: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_

**Past Medical History**

**Have you had:**

	Yes	No	Date		Yes	No	Date
Seizure	___	___	___	Immune-deficient condition	___	___	___
Shingles	___	___	___	Asthma/Obstructive Airway	___	___	___
Chicken Pox	___	___	___	Diabetes	___	___	___
Whooping Cough	___	___	___	Hepatitis / Jaundice	___	___	___
Mumps	___	___	___	Latex Allergy / Sensitivity	___	___	___
Measles	___	___	___	Dermatologic Condition	___	___	___
Rubella	___	___	___	Migraine headaches	___	___	___
Tuberculosis	___	___	___	Date of last TB Test _____			
Rheumatic Fever	___	___	___	Results: _____			
Cold sores	___	___	___				

**Immunizations:**

Vaccine	Date
Hepatitis A	_____
Hepatitis B	_____
Influenza	_____
Pneumonia	_____
Tetanus/Diphtheria	_____



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**Applicant : (All Applicants)**

I affirm that all information on this application is true and accurate.

I understand that before I begin my volunteer service, I will complete the application requirements, submit to a reference check, fulfill orientation obligations and training sessions if required, and submit to a T. B. Test if working in the hospital.

I understand that this application does not guarantee a volunteer placement at Newman Regional Health and that if accepted, I will not receive payment for my service.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Newman Regional Health is an Equal Opportunity Employer. Opportunity for volunteer service is provided without regard to race, color, religion, sex, national origin, or disability.

Please return Volunteer Application to the Volunteer Coordinator.