

## INFORMATION SHEET

Name \_\_\_\_\_ How many days per month do you wish to volunteer? \_\_\_\_\_

### Please indicate your availability for service

<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	Additional scheduling consideration
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Afternoon	_____
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Evening	_____
<input type="checkbox"/> Thursday		_____
<input type="checkbox"/> Friday		_____
<input type="checkbox"/> Saturday		_____
<input type="checkbox"/> Sunday		_____

Please indicate your service preference(s) from the areas listed below. More than one area may be indicated. Depending on the number of assignments available, the area in which you wish to serve may be filled at the time of your interview. We will be happy to adjust your schedule or area of service, as openings become available.

<input type="checkbox"/> CVICU Ambassador	<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Breast Center
<input type="checkbox"/> Volunteer Station	<input type="checkbox"/> Information Desk	<input type="checkbox"/> Day Surgery
<input type="checkbox"/> Department / Office Aide	<input type="checkbox"/> Nursing Floors	<input type="checkbox"/> Transplant Center
<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Oncology	<input type="checkbox"/> Ambulatory Infusion
<input type="checkbox"/> Floral & Mail Delivery	<input type="checkbox"/> Special Projects	<input type="checkbox"/> Holding Bay Attendant
		<input type="checkbox"/> EVR/CVR waiting area

### Please indicate a preference in pre-health or medically trained service areas:

<input type="checkbox"/> Emergency Department
<input type="checkbox"/> Trauma / Neuro Unit
<input type="checkbox"/> Operating Room Transport
<input type="checkbox"/> Endoscopy/recovery/discharge

### Please indicate the group in which you wish to be placed:

<input type="checkbox"/>	<b>Auxiliary</b>	Organization of volunteers that supports the hospital through on-going volunteer service in a variety of locations throughout the Medical Center. Some auxiliary members are involved in fund raising sales to provide scholarships and purchase needed equipment. The primary source of revenue is generated from the operation of the Gift Shop. A volunteer board of directors governs the group. Auxiliary volunteers are generally long-term.
<input type="checkbox"/>	<b>Independent</b>	Individuals who wish to volunteer their time, but are not interested in being a member of the Auxiliary. Generally, these individuals are short-term volunteers or students.