

DKH DAY KIMBALL HEALTHCARE

The mission of Day Kimball Healthcare, Inc. is to promote and maintain the wellness and health of the people within the community

DAY KIMBALL HOSPITAL
DAY KIMBALL HOME CARE
HOSPICE OF NORTHEASTERN CONNECTICUT

Day Kimball Healthcare, Inc. and its subsidiaries are Equal Opportunity Employers, and as such prohibit discrimination in employment because of race, religion, sex, age, national origin, and physical and mental handicap.

APPLICATION FOR VOLUNTEER SERVICE

Name: _____	Date: _____
Mailing Address: _____ _____	Telephone: (____) ____ - _____
Email Address: _____	Cell Phone: (____) ____ - _____
Service Position Desired: _____	Month & Day of Birth: _____

Goals for volunteering your time: _____

AVAILABILITY: Schedule desired: DAY ___ EVENING ___ ANY HOURS ___ SEASONAL ___

HOURS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning							
Afternoon							
Evening							

Date available to begin: _____ Total hours per week desired _____ Preference for particular area _____
=====

HEALTH

DO YOU AGREE TO HAVE A MEDICAL EXAM IF IT IS REQUIRED FOR YOUR PLACEMENT? Y___ N___
=====

EDUCATION Degree or Certificate School Name years
=====

HIGH SCHOOL			
COLLEGE/UNIV			
OTHER			

Do you have special skills, Interest, or Hobbies that would benefit our patients? _____

EMPLOYMENT AND VOLUNTEER EXPERIENCE

Are you currently employed? _____

Please list your present or last employer first. Include any verified volunteer work. EXCLUDE Organization names that indicate race, color, religion, sex or national origin.

EMPLOYER _____ ADDRESS _____ POSITION HELD _____ SUPERVISOR _____	DATES EMPLOYED FROM: TO:	WORK PERFORMED _____ _____ _____
EMPLOYER _____ ADDRESS _____ POSITION HELD _____ SUPERVISOR _____	DATES EMPLOYED FROM: TO:	WORK PERFORMED _____ _____ _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes or No

REFERENCES BUSINESS/SCHOOL/COMMUNITY OTHER THAN A RELATIVE.

Name/Relationship	Address	Telephone
		()
		()
		()

REFERRED BY: NEWSPAPER FRIEND RELATIVE OTHER

IS VOLUNTEERING A REQUIREMENT FOR COMMUNITY SERVICE? Y ___ N ___

Has a verdict/plea of guilty ever been entered against you relative to a criminal charge? Y ___ N ___

If yes, give a short explanation of the charge. _____

Has a civil judgment ever been entered against you related to sexual harassment or child abuse? Y ___ N ___

If yes, give a short explanation of the judgment. _____

IN CASE OF EMERGENCY

Name	Relationship	Telephone
		()

APPLICANT STATEMENT -- PLEASE READ CAREFULLY

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that if accepted as a volunteer, statements found to be false or misleading may be cause for my immediate dismissal. The Day Kimball Healthcare, Inc, has my permission to contact directly references I have listed, or any other sources, concerning my prior work or personal history, and I release all parties from any possible damages resulting from disclosing such information with or without prior notice to me.

Signature of Applicant _____ Date _____

PLEASE MAIL TO:

Day Kimball Hospital (860) 963-6458 or
Department of Volunteer Services (860) 774- 3366, ext. 2279
320 Pomfret Street FAX: (860) 963-6043
Putnam, CT 06260