



**McPherson Hospital, Inc. Volunteer Services**  
McPherson, Kansas

*Mission Statement: To provide compassionate support and assistance to patients, family members, and hospital staff.*

**Volunteer Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Previous Volunteer Experience**

\_\_\_\_\_  
\_\_\_\_\_

**Hobbies, Skills, Special Interests**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Person**

Name: \_\_\_\_\_

Telephone # \_\_\_\_\_

**Name of Physician**

Name: \_\_\_\_\_

Telephone # \_\_\_\_\_

**Service Preference (shifts vary in length. No evenings, no weekends)**

Craft and Sewing Workshop @ Hospital (Monday 9:00 am – 1:00 pm) \_\_\_\_\_  
 Gift Shop (sales clerk) \_\_\_\_\_  
 Hess Fitness Center \_\_\_\_\_  
 Home Workshop (embroider, sew, knit, crochet, etc) \_\_\_\_\_  
 Lobby Information Desk (greet, direct, errands) \_\_\_\_\_  
 Physical/Occupational/Speech Therapy (clerical work) \_\_\_\_\_  
 Public Relations (special service & fundraising events) \_\_\_\_\_  
 East Annex Desk (greet, direct, errands) \_\_\_\_\_  
 Surgery Waiting Area (assist waiting families) \_\_\_\_\_  
 Other: \_\_\_\_\_

**Indicate days of week, times of day and how often you prefer to work?**

\_\_\_\_\_  
 \_\_\_\_\_

*I understand that submitting an application for a volunteer opportunity is the first step in the process of matching volunteers with volunteer opportunities at McPherson Hospital. My application is not an agreement that I will be offered an opportunity to volunteer nor is it a commitment on my part to serve as a volunteer. I understand the organization's need for volunteers varies according to the needs of the organization.*

*As an **ACTIVE** Volunteer, I will comply with the annual Flu Vaccination Policy. I am at least 16 years old. I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously. I will conduct myself with dignity, courtesy and consideration. I will consider as **CONFIDENTIAL** all information which I may hear or see directly or indirectly concerning a patient, doctor, or any member of the staff. I will not seek information regarding a patient. I will do my best to uphold the traditions of McPherson Hospital, Inc.*

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

\_\_\_\_\_  
Signature of Volunteer Services Director Date

**Type of Membership**

Active ..... \$ 5.00 annually      Sustaining (non-active) ..... \$ 10.00 annually      Life ..... \$ 100.00

Dues Paid \_\_\_\_\_ Date \_\_\_\_\_

**Mail application to:**

Volunteer Services  
1000 Hospital Dr.  
McPherson, KS 67460  
620-241-2251 - Ext. #255

*For Office Use:*

Polo       Name Tag       Added to Directory       Added to Mailing List  
 Flu Vaccine