



**Special skills, training, experience, hobbies, interests.**

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How did you hear about our volunteer program? \_\_\_\_\_

**References:** Please have two (2) references at least 18 years of age (who are not relatives) and are familiar with your skills and abilities complete the enclosed reference sheet (Green Form) and return it to the Volunteer Department in the enclosed envelope.

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- **STATEMENT OF POLICY ON EQUAL OPPORTUNITY:** We do not discriminate based on race, color, creed, national origin, age, sex, or disability nor do we discriminate in hiring procedures, transfer, termination, discipline and selection for training. Our policies are administered based on your qualifications, experience, and performance in your volunteer work.
  - I understand I will be required to have a 2-step TB test and a blood draw in the hospital's laboratory. This is at the hospital's expense.
  - I understand that as a condition of my volunteering with Condell Medical Center, I will be required to attend various orientations and training/education programs, and have an annual TB test.
  - Submit two (2) references as stated above.
  - Condell Medical Center provides a smoke free environment. I agree to abide by the policies in force concerning smoking restrictions during the period of my volunteering.

I certify that the information I have provided on this application is true to the best of my knowledge and belief and I authorize Condell to verify the validity of any of this information. I understand that any willful omission of facts or falsification may result in the dismissal from my volunteer services.

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(Candidate's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

A parent or guardian's signature is required for volunteer candidates 17 years of age and under.

I grant permission for my son/daughter to volunteer for Condell Medical Center. My son/daughter is at least 15 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

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(Parent/Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Volunteer Services Reference Verification**

*Please Print*

Name of Reference \_\_\_\_\_

Address \_\_\_\_\_

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

Name of Potential Volunteer \_\_\_\_\_

The above applicant has applied for a position with Condell Hospice. We would appreciate your cooperation in checking the appropriate spaces below as they pertain to this applicant. The applicant has given us your name, but please feel free to call and verify his or her approval for release of this information. Return this form at your earliest convenience, as the applicant's file is not complete without verified references. Thank you for your anticipated cooperation.

Number of years you have known the applicant: \_\_\_\_\_

Relationship to the applicant (friend, employer, etc.) \_\_\_\_\_

Please indicate how you would rate the applicant with regards to the following four qualities:

	Poor	Fair	Average	Above Average	Outstanding
Dependability					
Confidentiality					
Commitment					
Ability to handle stress					

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return to:**  
**Condell Hospice**  
**Attn: Volunteer Coordinator**  
**115 W Church Street**  
**Libertyville IL 60048**  
**Phone: (847) 816-8848**  
**Fax: (847) 816-9051**