



Thank you for your interest in our Volunteer Services at Henry County Health Center. We offer rewarding volunteer experiences. We would not be successful without individuals like you who are kind enough to volunteer your time/services to Henry County Health Center. Our goal is to match your interests and skills with the right volunteer opportunity for you.

Your time can be the most valuable thing you give to your community. At Henry County Health Center you can make a difference in as little as a few hours a week or month. We will try to find a time for you to volunteer that works for your personal schedule.

Please take a moment to complete the following volunteer application and checklist of volunteer interests, even if you are already volunteering in the system. Also, be sure to specify the days of the week you are available as well as AM or PM.

You must have the willingness and ability to make a commitment to your chosen assignment. Consider carefully whether the time commitment will fit your schedule or other life commitments, and that it is something you will be able to do successfully week after week or month after month. Our staff, patients, residents and families depend on you.

To insure patient privacy and comfort, all volunteers are asked to sign a confidentiality agreement and are expected to maintain a code of confidentiality regarding residents, patients and staff of Henry County Health Center. Breach of confidentiality may result in immediate dismissal.

Because we are a Critical Access Hospital, all volunteers are required by law to receive a TB test before you begin volunteering, complete a health questionnaire which will be repeated every four years, and undergo a background check. An annual flu shot (provided by HCHC) is required as well.

We appreciate your interest in volunteering at Henry County Health Center and look forward to working with you.

Applications can be returned to:
Kirsten Heerdt | Volunteer Services Coordinator
407 S. White St.
Mt. Pleasant, Iowa 52641
kheerdt@greatriverhealth.org



Date of TB Test: _____

Orientation Date: _____

VOLUNTEER APPLICATION

PERSONAL INFORMATION

 Last Name First Name MI Name you'd like on your badge

 Address City State Zip

Home Phone: _____ Work/Cell Phone: _____

Email: _____ Birthday: _____ / _____ / (mm/dd/)

Are you a year round resident? Y N

If no, what months are you gone? _____

Education

(Check the highest completed level. High school students - indicate current grade level)

High School _____ College _____ Post Graduate _____ Other _____

Degrees earned: _____

Work Status

Employed _____ Retired _____ Unemployed _____

Current or last place of employment: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Physician: _____ Phone: _____

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM:

Friend _____ Newspaper _____ Brochure _____ Other _____

Volunteer Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Morning						
Afternoon						

Please estimate how many hours per week or month you prefer to volunteer: _____

Additional Comments: _____

Have you ever committed, been convicted of, pled guilty to, or pled no contest to, a felony or misdemeanor? (NOTE: Conviction of a crime is not necessarily ground for disqualification.)

No _____ Yes _____ (explain if yes) _____

What do you hope to gain from your volunteer experience? _____

Have you ever volunteered in a health care setting before? Y N

If yes, please describe: _____

What appeals to you the most about volunteering in a health care setting?

Personal References

Please list two references, DO NOT use physicians or relatives

Name _____ Phone _____

Name _____ Phone _____

Disclaimer:

Because we take our responsibility seriously, we consider all our applicants carefully. While we try to place every prospective volunteer, management reserves the right to reject any applicant.