



## Volunteer Registration

501 Summit  
 Yankton, SD 57078

*Mission:*

*Avera Sacred Heart Health Services has as its mission to improve the health status of the people of its service area by providing readily accessible high quality healthcare services in a Catholic, Benedictine setting.*

PERSONAL					
Name : First			Middle	Last	Email Address:
Address: Street		City	State	Zip Code	Home Phone:
Birth date:		Business Phone:		Assignment:	
PERSONAL					
Emergency Contact:				Emergency Contact Phone Number:	
List Volunteer Experience:					
Other Involvements (Special training, skills, hobbies, crafts, music, special interests, and/or service groups)					
EDUCATIONAL DATA					
Type	Name of School	Address	Graduate?	Degree Type	Field
High School					
College or University					

**Present or Last Employer**

Name of Business		Address: Street	City	State	Zip Code
Your Title	Duties				

**REFERENCES**

PERSONAL REFERENCES WHICH WE MAY CONTACT (do not list relatives)

Name	Address Phone No.	Occupation
Name	Address Phone No.	Occupation
Name	Address Phone No.	Occupation

For Reference Purposes: Is your educational or employment history listed under another name?  Yes  No  
 If yes, what name?

**GENERAL INFORMATION**

Do you have any health-related problems or physical limitations? \_\_\_\_\_  
 \_\_\_\_\_

Date of your last physical: \_\_\_\_\_ Name of your Physician: \_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_\_

Do you drive?  Yes  No Do you have a valid driver's license?  Yes  No

Do you have daytime access to a car?  Yes  No

Days preferred: \_\_\_\_\_ A.M. or P.M. \_\_\_\_\_

Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_ Evenings? \_\_\_\_\_ Days? \_\_\_\_\_

**Hospice Volunteer Questions only:**

Why do you want to become a Hospice Volunteer? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has someone close to you died recently? If yes, please explain the circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REGISTRANT'S STATEMENT**

I HEREBY GIVE Avera Sacred Heart Services the right to contact my references. I release from all liability all persons, companies and corporations who supply such information. I indemnify Avera Sacred Heart Health Services against liability that might result from such an investigation.

Date \_\_\_\_\_ Registrant's Signature \_\_\_\_\_