

---

REQUEST FOR VOLUNTEER SERVICES

Please note: The information that you provide on this form helps to fill the volunteer position with the most suitable volunteer for the position. The clarity of the information also helps to look at if a volunteer is the correct medium for fulfilling the jobs that are required for the position.

---

Department Requesting: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer \position title: \_\_\_\_\_

1. How will this position benefit the hospital or patients?

---

---

2. How many hours per week would you like a volunteer?

3. How should the hours above be allocated during the week? Please be specific. For example ... if you noted that amount of hours needed is eight, should that be completed in one day or spread over the week/month

---

4. During what hours can the assignment be done? (i.e. 8 am - 5 pm, 1 pm - 3 pm, etc.)

---

Please note the days when a volunteer is needed:

Mon      Tues      Wed      Thurs      Fri      Sat      Sun

5. If we cannot get one volunteer to cover all of these hours, would it still be beneficial to break the hours down and have more than one volunteer cover them?    Yes                      No

6. Please check one of the following:

Permanent              Temporary/Special project (specify below)              Occasional (specify below)

7. Please, describe the responsibilities that the volunteer will have:

---

---

---

8. Will these responsibilities keep the volunteer busy, engaged and interested in coming back to volunteer at Southeastern Med? If yes, how?

---

9. Please note any special skills or characteristics that would be needed for the position (i.e. age requirements, social skills, physical skills, intellectual abilities, etc.)

---

YOU'RE INFORMATION

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

Phone: \_\_\_\_\_

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

Do you require a meeting to discuss this request in more detail? Yes

No

The volunteer services office provides a mandatory orientation to all volunteers who are accepted into the program. The information covered in the orientation includes: dress code, infection control, and hospital wide training. You will be responsible for trainings specific to your department. An assignment description will be developed using this form. You will receive a copy of this description to review and correct if needed. The assignment description is used for recruitment and training and is also kept in the volunteer's folder and provided to the volunteer.

Manager signature for approval \_\_\_\_\_