



# Nemaha Valley Community Hospital Volunteer Services Application

**Volunteer Opportunities:**

- Patient Support
- Staff Appreciation
- Information Desk
- Quilting, Knitting, Sewing
- Plant Care
- Grounds Maintenance
- Vaccination Clinics
- Special Projects

*\*Please Print*

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

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

**Address:** \_\_\_\_\_  
Street
City
State
Zip

**Email Address:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **Text Message:** Yes No

**Date of Birth:** \_\_\_\_\_

**Personal or Work Reference:** \_\_\_\_\_  
(Non-family member)
Name
Phone #

**Name of School (if applicable):** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_

*Person to Notify in Case of Emergency:*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



**In a few sentences, please describe why you wish to volunteer at NVCH:**

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***\*All applicants:** My signature indicates all above information to be true and correct to the best of my knowledge. I agree that (1) any offer of volunteer service is at the sole discretion of Volunteer Services coordinators and conditional upon my timely and successful completion of background, health and training requirements; and (2) voluntary services is given freely and without expectation of payment for services performed.*

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**Applicant Print & Sign**

**Date**

**Parent / Guardian of Minor Applicant Age 14-17:** My son/daughter has my permission to apply for and participate in the Nemaha Valley Community Hospital Volunteer Services program. In the event that my son/daughter becomes a participant, I hereby give permission for them to (1) attend training and to serve as a volunteer at NVCH, and (2) to have NVCH administer emergency medical treatment to my son/daughter in the event that he/she is injured while participating and efforts to contact me are unsuccessful.

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**Parent / Legal Guardian Print & Sign**

**Date**