<u>WARREN GENERAL HOSPITAL</u> <u>VOLUNTEER SERVICES DEPARTMENT</u> JUNIOR VOLUNTEER

NAME	DATE	
ADDRESS	PHONE	
SCHOOL	GRADE	

Please complete the front and back of this form and return it to the Volunteer Office. Those responding soonest will get priority scheduling. Send the form to:

> Warren General Hospital Volunteer Services 2 Crescent Park West P.O. Box 68 Warren, PA 16365

If you have any questions, call Debbie Gray, Director of Volunteer Services, at 723-4973 extension 1835.

List all areas where you have previously worked or trained:

Please check: I prefer to work

_____once a week _____once every other week _____more than once a week; How often?_____ times

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FOR OFFICE USE ONLY - DO NOT MARK IN THIS AREA

Date Received

Assignment _____ Day_____ Time_____ Please indicate your choice of job by marking 1, 2 and 3. Place an "X" on the lines of the days and times when you will be available to work.

Inpatient Visitors Desk	Outpatient Reception Desk Answer phone, escort patients, deliver daily paper.
deliver flowers, mail, gifts and	No regular assignment – fill in for vacations and time off.
daily paper.	
8:30-11 11-1 1-4 4-6	8:30-11 11-1 1-4 4-7
Sun	Sun
Mon	Mon
Tues	Tues.
Wed.	Wed.
Thur.	Thur.
Fri.	Fri.
Sat	Sat

Gift Shop Cashier

8-noon	noon-4
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Imaging

Transport patients by wheelchair or stretcher to the Imaging Department. 8:30-11 Sat.

SPECIAL NOTES:

- All shifts may not be available.
- If there is a day or time that you ABSOLUTELY CANNOT WORK, please list that here. Special requests will be considered but will not necessarily be granted.
- If you NEED TO BE TRAINED for the duty you have requested, (you have not worked there previously,) please list that here, too.