

SALINA REGIONAL HEALTH CENTER

Adult Volunteer Enrollment Form

ABOU	T YOU							
Name					Date			
Address					Home Telephone			
Email Address					Cell Telephone (Do you text?)			
VOLIR I	NTERESTS AN	D SKILLS			•			
			s, and job or per	sonal skills?				
In what	other volunteer	activities or com	nmunity organiza	itions have you b	een active?			
Why are	you interested	in volunteering	at Salina Region	al Health Center	?			
DAYS/1	TIMES YOU W	OULD USUALL	Y BE AVAILABI	LE TO VOLUNT	EER			
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Time	am pm	am pm	am pm	am pm	am pm	am pm	am pm	
	eve	eve	eve	eve	eve	eve	eve	
		ignments are a ekday am and pr	ivailable in thes m shifts)		epartment (also	Weekday am a	and pm shifts)	
Weekday Morning/ Afternoon assignments only are available in these areas: Clerical/ Office								
ВАСКО	ROUND DATA	4						
				er than minor tra				
not to pe	erform certain ty	pes of work or r	ecreation?	al condition prohi		_Yes		sician
PERSO	NAL REFEREN	ICES (from emp	loyment or with	other voluntee	r, church, or sch	ool activities–ľ	NOT Family Mer	nbers)
Name Relationship			ship		Phone			
Name Relationship			ship		Phone			

Questions? Call Marsha Haskett, Manager, Volunteer Services at (785) 452-6159 or email mkhasket@srhc.com. Please return this completed form to Marsha att SRHC, 400 S. Santa Fe, Salina, KS 67401. THANK YOU!