



Memorial Medical Center

Nellsville, Loyal, Greenwood

Care...at its best

Please print clearly

VOLUNTEER APPLICATION

Name		Date of Birth (mm/dd/yyyy)	
Street Address:		City:	State: Zip Code:
Email:		Cell Phone:	Home Phone:
		Preferred method of contact:	
Why would you like to volunteer at MMC? (Please continue on a separate page if necessary.)			
List and describe, interests, skills, hobbies, special talents or experience you have had?			
List and describe any previous volunteer experience you may have:		Area or service preferred:	
Availability	<input type="checkbox"/> Once a week	<input type="checkbox"/> More than once a week (How many? ___)	
	<input type="checkbox"/> Once a month	<input type="checkbox"/> More than once a month (How many? ___)	
	<input type="checkbox"/> Evenings only	<input type="checkbox"/> Weekends only	
Day Of The Week Preference (Please Circle)		Sunday Monday Tuesday Wednesday Thursday Friday Saturday	
Additional Information		Any medical issues/special needs that may impact your volunteer involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Details: _____	

References: (someone from the community or work /do not use a relative)		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Emergency Contact Information		
Emergency Contact:	Relationship: Home Phone: Mobile	
Signature:	Date: _____	
(by signing this application I acknowledge the above information is true and correct)		
Office Use Only:	References Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application Received On: _____	Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___
Interview Date: _____	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___
	Attended Orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___
	Volunteer Coordinator:	
	Signed _____	Date _____

Return application to the Volunteer Coordinator, Candy Marg at Memorial Medical Center.



Volunteers contribute in many ways providing comfort, care as well as supporting the staff. We are excited and want to thank you for your interest in wanting to volunteer at Memorial Medical Center. The Volunteer Coordinator interviews, orients and schedules training and place all qualified who want to volunteer. There are many areas throughout Memorial Medical Center where Volunteers can provide service and make a difference. Our goal is to find the perfect fit, matching your interests with our patients and visitors.

As volunteers, you are a valuable extension of our staff. You have an important role to play in meeting the physical, emotional, intellectual, and spiritual needs of our patients and their families. The work of Volunteer Services flows from Memorial Medical Center's philosophy of providing care... at its best.

Volunteer Opportunities

_____ **Auxiliary**- The Auxiliary operates the Thrift Shop, accepting, sorting, and selling items donated by community members and organizations. All proceeds from sales are reinvested in Memorial Medical Center via donations of equipment or other needed items. Volunteers can work, when available, throughout the week. The Thrift Shop is located on the corner of 6th and Clay Street in Neillsville.

_____ **Greeters** – You would welcome visitors and patients to the facility. Offering to escort or provide directions to facility departments and surrounding offices. Be an ambassador for Memorial Medical Center. Our Greeters can volunteer in 2 to 4 hour shifts at the volunteer desk Monday through Friday.

_____ **Partners/Partners Gift Shoppe**- The Partners provide volunteer services and fundraising events which benefit patients. Events they organize include two annual book fairs, Lights of Love Program, and scholarships for area schools. The Partners Gift Shoppe volunteers staff our beautiful gift shop. Located in the front lobby of our facility, the Shoppe offers many unique items to lift spirits or decorate your home or office. Shoppe volunteers volunteer as their personal schedules permit

To become a Memorial Medical Center volunteer, access our on line application.

To request a paper application by mail, please call 715.743.8423, or email cmarg@MemorialMedCenter.org

For more information about volunteer opportunities at Memorial Medical Center, contact:

Candy Marg

Volunteer Coordinator

Memorial Medical Center

216 Sunset Place

Neillsville, WI 54456

715.743.8423