

# give to live

*You haven't learned to live, until you've learned to give.*



**HEGG**  
Health Center

Thank you for your interest in our Give to Live Volunteer Service at Hegg Health Center. We offer rewarding opportunities for volunteers to enrich the lives of others and put their talents and experience to work. Our goal is to match your interests and skills with the right volunteer opportunity. Your time can be the most valuable thing you give to your community; you can make a difference in as little as a few hours a week.

Please take a moment to complete the following volunteer application. Also, be sure to specify the days of the week you are available. We try to meet your schedule the best we can.

You must have the willingness and ability to make a commitment to your chosen assignment. Consider carefully whether the time commitment will fit your schedule or other life commitments, and that it is something you will be able to do successfully week after week. Our staff, patients, residents, tenants and families depend on you.

To insure patient privacy and comfort, all volunteers are asked to sign a confidentiality agreement and are expected to maintain a code of confidentiality regarding residents, patients, tenants and staff of Hegg Health Center. Breach of confidentiality may result in immediate dismissal. As required by federal law, volunteers are required to receive a TB test and complete a health questionnaire as part of the orientation process. Background checks will also be run on volunteers.

We appreciate your interest in volunteering at Hegg Health Center and look forward to working with you!

# VOLUNTEER APPLICATION



Hegg Health Center  
1202 21<sup>st</sup> Ave  
Rock Valley, IA 51247  
(712) 476-8010

## Personal Information

Name \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Education/Special Training \_\_\_\_\_  
\_\_\_\_\_

Occupation/Work Experience \_\_\_\_\_  
\_\_\_\_\_

## Availability:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Hours preferred:  Morning  Afternoon  Evening

## References:

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

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

I pledge to keep all staff/resident/patient/tenant information in strict confidence. I understand that any breach of this confidentiality will result in immediate dismissal.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date