



Decatur County
Memorial Hospital
The Quality Care You Want. Close By.

Application for Adult Volunteers

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Phone Number _____ Social Security # _____

Volunteer Preference-Please indicate area and time(s) that you would prefer.

1. Gift Shop
M-F 10 am-1:30 pm Day(s) of week _____
1:30pm-5pm Time Preferred _____

2. Information Desk
M-F 8am-12pm Day(s) of Week _____
12pm-4pm
4pm-8pm Time Preferred _____

3. Transport Desk
M-F 8am-3pm Day(s) of Week _____

4. Cancer Care
Wednesday 9am -3pm _____

5. Same Day Surgery Reception/Transport _____
M-F 7am-2:30pm

6. Special projects such as Hospital mailings, special event assistance or marketing dept. tasks are frequently in need of volunteers, please list your available hours.

I give my consent for a criminal background check, for P.P.D. Skin Test, and for an I.D. badge with photo. I will attend orientation/reorientation programs annually. Volunteers are automatically a member of the Hospital Auxiliary.

Signature _____ Date _____

Please return to DCMH, Attention: Vicki Rudolf, 720 N Lincoln St. Greensburg, IN 47240
Feel free to contact Vicki at 812-663-1127 if you have any questions.