

Idaho Elks Rehabilitation Hospital
Adult (18 and over) Volunteer Application

600 N. Robbins Road P.O. Box 1100 Boise, Idaho 83701
 Telephone 208-489-4916; Fax 208-489-4054 www.idahoelksrehab.org

Date: _____

Immunization: DPT Booster Date _____ Tetanus Booster Date _____ T.B. Test: neg. _____ pos. _____ Polio Booster: _____ Had mumps or inoculation? _____ Had Measles or inoculation? _____ Have you had Chicken Pox? _____ Any known allergies? _____

First Name _____ Last Name _____

Street _____

City _____ State _____ Zip _____

Phone Number: Home: _____ Work: _____

Email: _____ Birth Date: _____

Have you been convicted of a crime? Yes No (If Yes, you will be asked to explain at interview)

Occupation: _____ Condition of Health: Excellent __ Good __ Fair __

Previous Experience:

1. As a volunteer: _____ How Long: _____
 Reference Name: _____ Phone: _____

2. Other Employment: _____
 Reference Name: _____ Phone: _____

Education or Special Training: _____

Hobbies, Skills, Special Interests: _____

Community Affiliation: _____

Please feel free to attach a resume to this application to help expedite volunteer placement.

My areas of preference are:

1. _____

2. _____

3. _____

Days & Times Preferred:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning							
Afternoon							
Evening							

Name & Address of person to be contacted in case of illness or emergency:

 Name Address Phone

Physician's Name: _____

Volunteer Coordinator: Sandi Borup sborup@ierh.org, PH: 489-4916, FAX: 489-4054