

Volunteer
ID# _____

Office Use Only:
Date Received: _____
Entered By: _____
R1 _____ SB _____
R2 _____ BC _____



ADULT VOLUNTEER APPLICATION - Stitcher

(PLEASE PRINT)

Last Name	First Name	Middle Name
-----------	------------	-------------

Mr. Ms. Mrs. Miss Dr. Other _____ Preferred Nickname: _____

Home Address

Street Address (Not a P.O. Box)	Apartment Number
---------------------------------	------------------

City	State	Zip Code
------	-------	----------

Is anyone else at this address already a volunteer here? No Yes If Yes, what is their name? _____

Have you ever served as a volunteer with us before? No Yes If Yes, in what year(s)? _____

Home Phone Number ()	Business Phone -or- Cell Number ()	E-mail Address
--------------------------	--	----------------

I prefer to be contacted at: Home Business Cell E-Mail

Personal Information

Emergency Contact Name and Phone Number ()	Relationship
--	--------------

(optional) List allergies and any other health concerns that staff should know.

(optional) Ethnicity: African American Asian Caucasian Hispanic
 Native American Pacific Islander

I am age 18 or older Birthdate: ____/____/____ (mm/dd/yyyy)

Reasons you'd like to become a volunteer . . .

What attracted you to seek a volunteer opportunity with Cook Children's?

Where did you learn about the volunteer opportunities at Cook Children's? (check all that apply)

<input type="checkbox"/> Cook Website	<input type="checkbox"/> Radio/TV	<input type="checkbox"/> As a Cook parent
<input type="checkbox"/> Other Website: _____	<input type="checkbox"/> Family/friend	<input type="checkbox"/> As a Cook patient
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Cook volunteer	<input type="checkbox"/> Other: _____

CONFIDENTIALITY STATEMENT - Please read carefully before signing.

I understand and agree that in the performance of my duties as a volunteer of Cook Children's Health Care System I must hold in strictest confidence any observations I may make or information I may hear regarding patients, patient families, or staff. I verify that all of the information provided by me on this application is true, correct, and complete. I grant Cook Children's permission to verify this information in arriving at a volunteer decision. I understand that false or misleading statements or the omission of any information necessary to make this application complete will result in rejection of my application.

Applicant's Signature: _____ Date: _____

Please send to:
Marie Howell, Volunteer Program Manager fax: 682.885.7480 www.dfwstitchawish.com
Cook Children's Medical Center office: 682.885.7452
801 Seventh Ave, Fort Worth, TX 76104 email: marieh@cookchildrens.org

Disclosure Statement: Every attempt is made to utilize the over 10,000 handmade items Cook Children's receives through its Stitch-A-Wish program each year. On occasion, an item may not be functional such as a pillowcase that does not fit due to a size miscalculation or sewing mishap, fabric that is for adults and not child friendly, or fabric that has been previously used or is damaged. These items are given to other non-profit agencies in the area such as shelters, missions, and nursing homes. Stitchers are encouraged to visit www.dfwstitchawish.com for project guidelines so their resources and time are well spent in creating items that find a home with the patients. Please feel free to contact Christy Beck, Recruitment & Recognition Coordinator, with any questions or concerns at 682-885-4590 or Christy.Beck@cookchildrens.org.