

Your
Hospital's
Logo
Here

VOLUNTEER SERVICES
Street Address
City, State Zip
Tel (202) 555-1212

VOLUNTEER INTERVIEW RECORD

INTERNAL USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> PUBLIC INFORMATION
RELEASE Form Signed | <input type="checkbox"/> MEDICAL RELEASE
Form Signed |
| <input type="checkbox"/> VOLUNTEER UNIFORM | <input type="checkbox"/> VOLUNTEER I.D. BADGE |

APPLICANT'S NAME:	(First)	(Middle)	(Last)	DATE:
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APPLICANT'S TELEPHONE #:	INTERVIEWER:
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I. REVIEW OF APPLICATION

VERIFY APPLICATION INFORMATION. COMMENTS BELOW:

II. NON-DIRECTIVE QUESTIONS

TELL ME ABOUT YOURSELF:

WHY DO YOU WANT TO VOLUNTEER AT THIS HOSPITAL?

DESCRIBE YOUR PREVIOUS VOLUNTEER WORK and/or JOB(S):

WHAT CAN I TELL YOU ABOUT THIS HOSPITAL?

III. POSSIBLE VOLUNTEER POSITIONS

POSITION #1:	COMMENTS
POSITION #2:	COMMENTS
POSITION #3:	COMMENTS
POSITION #4:	COMMENTS

IV. INTERVIEWER ASSESSMENT

APPEARANCE: PROFESSIONAL & POISED ACCEPTABLE UNKEMPT

COMMENTS (Below):

REACTION TO QUESTIONS: RESPONSIVE & ARTICULATE MINIMALISTIC RESPONSES EVASIVE CONFUSED

COMMENTS (Below):

DISPOSITION OUTGOING & PLEASANT RESERVED WITHDRAWN & MOODY SUSPICIOUS & ANTAGONISTIC

COMMENTS (Below):

INTERPERSONAL SKILLS: INTERACTIVE & OPEN RESERVED UNCOMFORTABLE

COMMENTS (Below):

V. RECOMMENDED ACTION

CONSIDER FOR POSITION #1:	<input type="checkbox"/> CONSIDER FOR 2nd INTERVIEW	REFER TO:
CONSIDER FOR POSITION #2:	<input type="checkbox"/> CONSIDER FOR 2nd INTERVIEW	REFER TO:
CONSIDER FOR POSITION #3:	<input type="checkbox"/> CONSIDER FOR 2nd INTERVIEW	REFER TO:
CONSIDER FOR POSITION #4:	<input type="checkbox"/> CONSIDER FOR 2nd INTERVIEW	REFER TO:

DO NOT PLACE APPLICANT DESCRIBE WHY APPLICANT NOT SUITABLE FOR VOLUNTEER WORK AT THIS HOSPITAL AT THIS TIME:

VI. NOTIFICATION

APPLICANT NOTIFIED OF HOSPITAL DECISION

NAME OF PERSON INFORMING APPLICANT OF DECISION: _____

DATE OF NOTIFICATION: _____

METHOD OF NOTIFICATION: _____