

New Volunteer | Preferences

(Please complete & return with application)

We want to get to know you!

We take your goals, interests & availability into consideration, so your placement after onboarding will be more fulfilling for you as well as best for the hospital's needs.

Briefly tell us about yourself:

Name: _____

Any healthcare experience? _____

School/Alumni: _____

Interests/Career Goals: _____

Why do you want volunteer with Piedmont Columbus Regional?

Availability to volunteer:

(Please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday
9 a.m. – 12 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 p.m. – 3 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 p.m. – 6 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which semester (circle all that apply)?

SPRING

SUMMER

FALL

SEASONALLY

OTHER (Please specify): _____

Are you available for weekends (circle one)?

YES

NO

MAYBE

Are you available for special/holiday events?

YES

NO

MAYBE

I am interested in volunteering in the following placements:

(Please check all that apply)

- Patient Care Nursing Units
- Emergency Trauma Center
- Children's Hospital
- Laboratory Services
- Neonatal ICU
- Surgery/Outpatient Unit
- Pastoral Care
- Gift Shop
- JBACC – Infusion Patient Care
- Dietary/Catering Services
- Radiology
- Guest Services
- Community Events
- Information Technology (IT)
- Healing Notes Performer
- Family Room/Waiting Areas
- Play Paws – Pet Therapy
- Administration

How do I send my application, documents and preferences sheet?

SAVE ALL FILES IN PDF FORMAT –
(LastName,FirstName.Title.Date.pdf)

Send via email attachment to:
Nancy.Williams@piedmont.org
Kelsey.Kean@piedmont.org