



For Office Use Only

Received: _____
 Interview: _____
 Background Check: _____
 Occ. Health Cleared: _____
 Orientation Date: _____

VOLUNTEER APPLICATION

OUR PURPOSE IS TO MAKE A POSITIVE DIFFERENCE IN EVERY LIFE WE TOUCH.

Name: _____

LAST
FIRST
M.I.
NICKNAME

Telephone Number: _____ - _____ - _____ **Cell phone Number:** _____ - _____ - _____

E-mail address: _____ @ _____ **Date of Birth:** ___/___/___ **Veteran (circle one):** Y / N

Address: _____

STREET
APT#
CITY
STATE
ZIP CODE

Mailing Address: _____
(if different from above) STREET or PO BOX # APT# CITY STATE ZIP CODE

Volunteer Availability (circle all that apply):

Morning: Monday Tuesday Wednesday Thursday Friday

Afternoon: Morning Tuesday Wednesday Thursday Friday

Service Area Preference (circle all that apply):

**Please note that while we try to place volunteers in their preferred service area, it is not a guarantee. Volunteers are placed based on the current need of the hospital.*

- | | | |
|------------------|----------------------|-------------------------------|
| Courtesy Shuttle | Gift Gallery | Inpatient floors/Unit Support |
| Auxiliary Office | Surgical Services | Women's Imaging |
| Wound Care | Emergency Department | Cardiovascular |

Previous Volunteer Experience (All information must be completed in full.)

Name & address of Organization	Duties	Dates	
		From	To

Employment History (All information must be completed in full. If necessary, attach additional sheets.)

List below your work experience, ***beginning with the most recent position.***

Name & address of Organization	Duties	Dates	
		From	To



Please share your reasons for wanting to volunteer at Piedmont Henry Hospital:

Empty box for reasons for wanting to volunteer.

Emergency Information

Table with 4 columns: Name, Address, Phone Number (with area code), Relationship.

APPLICANT'S CERTIFICATION AND AGREEMENT (Please read carefully)

I understand that if I am chosen to be a volunteer, it will be my responsibility to:

- Complete pre-hire screening and retesting done annually;
Attend an orientation program scheduled for new members and attend service area training in my specific service area before beginning service;
Complete mandatory annual educational requirements;
Wear a volunteer uniform when working at the hospital;
Fulfill my assignments and hour obligations because the staff and patients depend on me (serve a 4-hour shift and commit to a 100-hour minimum per year); and
If I am unable to work my normally scheduled hours, I will contact my volunteer team leader.

I understand and agree that:

- Piedmont Henry Hospital has my authorization to thoroughly investigate my work and personal history to include criminal investigations. I will hold no person liable for giving or receiving information in this investigation.
I have applied to work as a volunteer at Piedmont Henry Hospital and hereby grant permission to release to the hospital any information requested concerning my work ability, character and employment or volunteer service. Prompt response to this request will be appreciated. A copy of my authorization bearing my correct signature has the same force and effect as the original.
I understand that my personal medical insurance carrier will be the payee if I am injured while carrying out volunteer duties at Piedmont Henry Hospital.

Waiver for Injuries / Damages Resulting for Volunteer Services

The undersigned in consideration of being permitted to work as volunteer at Piedmont Henry Hospital, does hereby release and forever discharge the Piedmont Henry Hospital and any and all employees thereof, from all liability connected to contracting any communicable disease as a result of such volunteer activities and / or personal injuries or property loss incurred during such activities.

Please note: The Auxiliary is not an internship program, nor is it a means to obtain a job within the hospital. We view volunteering as a long-term commitment and seek individuals who will serve for years to come. The Auxiliary does not place community service volunteers.

I have read and agree to the above and hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____

