



# VOLUNTEER APPLICATION

**OUR PURPOSE, OUR PROMISE - To make a positive difference in every life we touch**

**Name:** \_\_\_\_\_  
LAST FIRST M.I. NICKNAME

**Telephone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Cell phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ @ \_\_\_\_\_

**Address:** \_\_\_\_\_  
STREET APT# CITY STATE ZIP CODE

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

**Date of Birth:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ **Are you age 18 or older?** \_\_\_\_\_

**Currently enrolled in school?** \_\_\_\_\_ **Where/Program of study?** \_\_\_\_\_

**Are you a Veteran?** \_\_\_\_\_ **Military Branch:** \_\_\_\_\_

**Have you ever been charged or convicted of a felony or misdemeanor?** \_\_\_\_\_

**If yes, please describe** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
Name Phone(s) Relationship

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

**Please indicate availability: (circle all that apply)**

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

**EMPLOYMENT / VOLUNTEER HISTORY (All information must be completed in full.  
List below your work/volunteer experience, beginning with the most recent.**

Name & address of Organization	Duties	Dates	
		From	To

**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:

- Attend service area training in my specific service area.
- Complete mandatory annual educational requirements.
- Complete volunteer health requirements.
- Wear a Volunteer uniform when working at the Hospital.
- Fulfill my assignments and hour obligations to the hospital staff.
- If I am unable to work my normally scheduled hours, I will contact my volunteer service area and let them know I will be out.
- Upon resigning from service, I will notify my department in advance and turn in my badge to Volunteer Services after my last shift.

I understand and agree that:

- Piedmont Newton 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 as a Volunteer at Piedmont Newton Hospital and hereby grant permission to release to the hospital any information requested concerning my work ability, character and employment and/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 insurance carrier will be the payee if I am injured or become ill while carrying out volunteer duties at Piedmont Newton Hospital.

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:** \_\_\_\_\_

Contact **Sherry Daniel**, auxiliary services specialist, with questions at 678-212-7422 or  
sherry.daniel@piedmont.org.