



For more information, call:
Volunteer Services
740.779.7526

VOLUNTEER APPLICATION

Personal Information

Name _____

Address _____

Apt/Lot # _____

City _____

Zip _____

Telephone# (H) _____

(W) _____

(Cell) _____

E-mail _____

Birthdate _____

Year round resident? Yes No If no, what months available? _____

Education

High school name and address _____

Graduation date _____

College _____

Degree _____

Graduation date _____

Post graduate _____

Degree _____

Graduation date _____

Work Status (circle one)

Employed _____

Retired _____

Unemployed _____

Current or most recent employer, address, phone and years worked.

Skills/Work Experience (circle all that apply)

Accounting _____

Leadership _____

Computer _____

Nursing _____

Teaching _____

Manufacturing _____

Sales _____

Tradesman _____

Other, describe: _____

In an Emergency Please Notify

Name _____

Relationship _____

Telephone# (cell and work) _____

Address _____

Physician _____

Telephone # _____

Date of most recent TB test _____

How did you hear about our program? (circle one)

Friend _____

Newspaper _____

Brochure _____

Website _____

Other _____

Have you ever been arrested or convicted of a crime?

Yes _____

No _____

If yes, please explain: _____

Year of occurrence _____

Please complete the attached release for background check. _____

Service area opportunities (please check all that interest you)

- | | |
|---|--|
| <input type="checkbox"/> Working with patients | <input type="checkbox"/> Prefer no patient contact |
| <input type="checkbox"/> Reception/information | <input type="checkbox"/> In-house delivery |
| <input type="checkbox"/> Behind the scenes (clerical, special projects) | <input type="checkbox"/> Retail |
-

Volunteer Availability (please circle the days and times you are available to volunteer)

- | | | | | | | | |
|--------------|--------|---------|-----------|----------|--------|----------|--------|
| 8 am to Noon | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Noon to 4 pm | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 4 to 8 pm | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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Personal References (cannot be a family member, must have address and phone number)

1. _____

Name	Address	Telephone
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How acquainted _____

2. _____

Name	Address	Telephone
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How acquainted _____

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way, I will be dismissed without notice regardless of when the false information is discovered.

Read and initial _____

As a volunteer, I...

- Agree to complete the volunteer orientation and training until I am competent to perform the required duties.
 - Agree to complete an annual compliance review and TB screening as well as any additional service-specific training that may be deemed necessary.
 - Agree to comply with all the rules and regulations of Adena Health System and to uphold the policies of my Volunteer Organization.
 - Understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines.
 - Agree to call the Volunteer Scheduling Secretary or Director of Volunteer Services as soon as possible when I have scheduling changes.
 - Agree to accept assignment to a new service area if absent for an extended period of time.
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CONFIDENTIALITY: It is the belief of this hospital that all medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore, volunteers may look at, use or disclose patient information only as it relates to the performance of their duties. Any unauthorized viewing, discussion or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

Please initial after reading _____

Signature

Print name

Signature

Date

Authorization for a minor

I have read the above information and give my permission for the applicant to become a volunteer and to receive the required Tuberculin Test (TB) if required. I will cooperate in seeing that my son/daughter/grandson/granddaughter fulfills his/her responsibility.

Name (print clearly) parent/legal guardian

Signature

Relationship if not parent

Date

New Volunteer Checklist - for office use only.

Item	Date Completed
Interview	
Application	
Background/reference check	
TB test	
Orientation	
ID badge	
Uniform	
Size: XS S M L XL XXL XXXL 4XL 5XL	
Style: M F	
Preferred service (s)	
Services trained in, date trained and trainer	
Service _____	
Date of training _____	
Trainer _____	