

Campbell County Memorial Hospital Volunteer Services Application

Date of Application: _____

Date of Birth: _____

NAME: _____

Preferred Name: _____

ADDRESS: _____

Home Phone: _____

Business Phone: _____

Email address: _____

Person to notify in case of emergency: _____ Phone: _____

How did you hear of our volunteer program? _____

Name and number of someone who may want to volunteer: _____

Do you have special qualifications or experience that could be utilized (i.e. speak a foreign language, sign language, retail experience): _____

Special training, trade, interests: _____

Do you have any physical limitations?: _____

PREVIOUS EMPLOYMENT AND/OR VOLUNTEER WORK:		
Employer/Organization	When/how long	Job title/Scope of work

References: *Please list three persons we may contact for a personal reference (not immediate family).*

Name: _____ Name: _____ Name: _____

Relationship: _____ Relationship: _____ Relationship: _____

Phone: _____ Phone: _____ Phone: _____

Years known: _____ Years known: _____ Years known: _____

Have you been convicted on ANY criminal offense within the last 10 years (including Juvenile convictions)?

Yes No If yes, please explain on the back of this form. **NOTE:** A criminal background check may be completed on every applicant.



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Type of volunteer service you are interested in (check ALL that apply):

- Regular Volunteer
 Special Projects
 Temporary
 As Needed/Call List

- Specific areas of interest:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Pioneer Manor | <input type="checkbox"/> Home Health/Hospice |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Welcome Desk | <input type="checkbox"/> Surgery Host/Hostess |
| <input type="checkbox"/> Chaplain Services | <input type="checkbox"/> EMS | <input type="checkbox"/> Clerical Assistance |
| <input type="checkbox"/> Wright EMS | <input type="checkbox"/> CISM | <input type="checkbox"/> Abiders Service |

General Assistance?

Availability

Please check each of the time slots you would want to volunteer. The schedule will be created based upon everyone's availability. These selections do not mean you would be able to work all of these times each week, but that you would be available to be scheduled at maybe on or two of these time slots per week.

	8-10 am	10 am – Noon	Noon – 2 pm	2 pm – 4 pm	4 pm – 6 pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As Needed	<input type="checkbox"/>				

As a volunteer, you are considered a member of the Campbell County Memorial Hospital's team, and as such you have certain responsibilities to the hospital and its patients; to observe the same code of ethics as those on the professional staff, to adhere to the hospital's policies and procedures, and to uphold patient confidentiality.

By my signature below, I further understand that I certify all statements made on this application to be true, correct, and complete to the best of my knowledge and made in good faith. I authorize a reference and criminal background check. I have been provided with and understand that I am required to abide by all rules and regulations of Campbell County Memorial Hospital. Prior to beginning an active volunteer assignment, I am required to have a one time TB test at no charge to me (with exception of international travel.)

Applicant Signature: _____

Date: _____

Received by: _____

Date: _____