



Volunteer Services Application

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volunteer@ccmh.net www.ccmh.net

Date _____

Last Name _____ First Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail Address _____ SSN _____

Area of Volunteer Interest: (please mark all areas of interest)

Pioneer Manor	Festival of Trees	Welcome Desk	Surgery Host/Hostess
Hospice	Meals on Wheels	Chaplain Services	Administrative/Clerical Assistance
Gift Shop	Blood Drives		

Do you have special capabilities or experience that could be utilized (i.e. fluent in Spanish or Sign Language, Retail experience)? _____

Have you been convicted of a felony in the past 7 years? Yes No
Conviction will not necessarily disqualify you from volunteering.

What motivates your interest in joining our hospital team?

We appreciate your interest in becoming a volunteer at Campbell County Memorial Hospital. The information obtained on this application is confidential and will be used only for placement purposes.

We consider applications for all volunteer positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legal protected status.

Please provide one source of employment or volunteer experience.

Employer or Agency _____

Phone _____ Supervisor _____

Address _____ City _____ State _____

Dates of Employment or Service from _____ to _____

Reason for Leaving _____

Describe Responsibilities and Duties _____

Applicant's Agreement, Statement and Authorization

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 have an annual TB test at no charge to me.

Applicant's Signature _____ Date _____

Volunteer Checklist: (To be used by Volunteer Coordinator)

_____ Volunteer Area Training

_____ Recording of Time

_____ HIPPA Awareness/Quiz

_____ TB Test

_____ Confidentiality Training