

Please note that as of January 1, 2013, we are a tobacco free campus.

VOLUNTEER APPLICATION

OUR MISSION

Healthcare marked by compassion and sustainable excellence in a progressive environment, guided by physicians, delivered by exceptional professionals, and inspired by the communities we serve.

Name:						
LAST		FIRST	M	I.I.	NICK	NAME
Telephone Number:	Cell phone Number:					
E-mail address:						
Address:						
STREET	APT#	CITY		STATE	ZIP C	CODE
Mailing Address: (if different from above) STREET or I	PO BOX #	APT#	CITY	STATE	ZIP C	ODE
,						ODL
Birthday: Month Day_	Speci	al skills or hobl	bies			
PREVIOUS VOLUNTEER EXPERIENCE (All information must be completed in full)						
				•	Da	
Name & address of Organ	ization		Duties		From	То
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.						
			<u> </u>		Da	
Name & address of Organ	ization		Duties		From	To

REFERENCES (*PLEASE DO NOT LIST RELATIVES*. All information must be completed in full)

Name	Address	Phone Number (with area code)	Relationship

EMERGENCY INFORMATION

Name	Address	Phone Number (with area code)	Relationship

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

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 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;
- Complete initial two step tuberculosis screening process with re-testing done annually (provided free to volunteers);
- Purchase and wear a Volunteer uniform when working at the Hospital;
- Fulfill my assignments and hour obligations because the Hospital staff and patients depend on me; and
- Find a replacement if I am unable to work my normally scheduled hours and if unable to find a replacement, contact my volunteer service area coordinator.

I understand and agree that:

- Piedmont 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 understand that acceptance is conditional pending a drug test. A positive drug test will result in my not being considered for a volunteer position at Piedmont Hospital.
- I have applied to work as a Volunteer at Piedmont 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 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.					
Signature:	Date:				
FOR OFFICE USE ONLY: Volunteer ID No	Parking Permit No	Personnel/Volunteers/Volunteer Application			