

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	•	NICK	NAME
Telephone Number:	Cell phone Number:				
E-mail address:	@				
Address:STREET	APT# CI	ТҮ	STATE	ZIP C	ODE
Mailing Address: (if different from above) STREET or PO BO	X # APT#	CITY	STATE	ZIP C	ODE
Birthday: Month Day	Special skills or	hobbies			
PREVIOUS VOLUNTEER EXP	ERIENCE (All inform	nation must be comp	leted in full)		
Name & address of Organization	Date Prom		tes To		
EMPLOYMENT HISTORY (All in	-		essary, attach addi	tional sheet	s)
List below your work experience, <u>beginn</u>	ing with the most recei	nt position.	eessary, attach addi	Da	tes
	ing with the most recei		eessary, attach addi		
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### **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 tuberculosis screening process with re-testing done annually (provided free to volunteers);
- 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 Atlanta 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 Atlanta 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 understand that my personal insurance carrier will be the payee if I am injured while carrying out volunteer duties at Piedmont Atlanta 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.

Signature: _	 Date:
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