Today's Date_____

VOLUNTEER SERVICES APPLICATION

PERSONAL INFORMATION

First: _____ Middle: _____Last: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ Photo Copy:

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Do you speak any Foreign Languages?

If yes, please list:

_____

_____

EMERGENCY INFORMATION

Emergency Contact Name: _____

Relationship to you: _____ Home phone: _____

Work Phone: _____ Cell phone: _____

QUESTIONNAIRE

1.Why are you interested in volunteering? _____

_____

_____

_____

2. Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)?

If yes, how many hours are required?_____

Service Organization: _____

Contact: _____ Phone Number: _____

3. Is there anything that may adversely affect your ability to perform volunteer duties?

If yes, please describe: _____

_____

_____

4. Are there any accommodations needed for you to safely and competently perform volunteer duties?

_____

_____

_____

5. Are you physically able to transport patients in a wheelchair?

EDUCATION & WORK EXPERIENCE

Education: Include highest level completed.

High School:

Name & State: _____

If under 18, please list your primary interest of study/career goals: _____

_____

_____

College:

Degree/Major: _____

Graduate School:

Degree/Major: _____

Employment Experience:

Have you ever worked at a hospital? _____

Last place of work-if any: _____

Business Name: _____

Address: _____

Supervisor's Name: _____

Phone: _____ Position Held: _____

REFERENCES

Please include references for any current or former job supervisors, teachers or clergy. Family members, relatives, and friends may not provide references.

Reference 1 Name:

_____

Phone: _____ Relationship to you: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Reference 2 Name:

_____

Phone: _____ Relationship to you: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER

1. **Have you ever been convicted or entered a guilty/no contest to a felony?**

2. **Have you ever been convicted or entered a guilty/no contest to a misdemeanor?**

If "Yes" to either question, please describe the conviction(s) in detail, including dates. _____

_____

_____

3. **How did you hear about our volunteer program?**

   _____

   _____

4. **Do you hold any special medical or clinical certifications or licenses, or have you had medical training of any type?**

If "Yes" please list: _____

_____

5. **When would you be available to start volunteering?**

   _____

6. Please indicate when you are available to volunteer. Each shift is 4 hours beginning at 8 AM until 5 PM, Monday through Friday.

___ Monday 8am – 12pm	___ Monday 1pm – 5pm
___ Tuesday 8am – 12pm	___ Tuesday 1pm – 5pm
___ Wednesday 8am – 12pm	___ Wednesday 1pm – 5pm
___ Thursday 8am – 12pm	___ Thursday 1pm – 5pm
___ Friday 8am – 12pm	___ Friday 1pm – 5pm

Other availability (please specify) _____

CERTIFICATION & AUTHORIZATION

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me form further consideration for volunteering at Merit Health Wesley, or may result in my termination as a volunteer.

The undersigned acknowledges that he/she:

A. Is not subject to any sanctions or participation in exclusions under any federal or state health program (including Medicare or Medicaid);
B. Will inform Merit Health Wesley of any change in excluded provider status;

C. Will be subject to disciplinary action, up to and including termination, if he/she becomes an excluded provider, or fails to notify Merit Health Wesley of the provider status changes immediately.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of the Hospital. I authorize the Hospital to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools, or individuals from all liability in responding to inquiries relation to my volunteer application.

Name:

_____

Date: _____