



Fairview Park Hospital Volunteer Services
200 Industrial Blvd./P.O. Box 1408
Dublin, Georgia 31021
(478) 274-3640 Office (478) 274-3673 Fax

Application for Volunteer Service

(Please Print)

GENERAL INFORMATION

DATE: _____ Were you referred by a volunteer? Who? _____

Mr. Mrs.

Ms. Miss:

_____ (Preferred name on badge)

(_____) _____

(_____) _____

Home Phone

Business/Cell Phone

Education / Special Training / Foreign Languages: _____ Degree(s): _____

Social Security #: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Driver's License #: _____ State: _____ Exp: _____

Work Status: Employed Unemployed Retired Homemaker

If presently employed, name of company: _____ Work Phone: (_____) _____

Position: _____ Work hours and days: _____

IN AN EMERGENCY PLEASE NOTIFY

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Office Use Only

Have you ever been convicted of a crime? (I understand that if I have been convicted of a crime, I am not automatically disqualified from consideration for volunteer service; but, that giving false or incomplete information is sufficient cause to disqualify me from volunteer services.)

 No **Yes** **If yes, please explain:** _____

Volunteer Availability: (Please circle the days and times you are available to work.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE

Comment: _____

Special area of interest in volunteering:

Skills / Comments:

How did you become interested in our program? _____

What do you hope to gain from your volunteer experience?

Have you volunteered in a health care setting before? _____ If yes, describe the experience.

Are there any work activities or conditions you must avoid?

PROFESSIONAL REFERENCES

Please note that complete reference information is necessary to process application.
DO NOT use relatives as references. At least one reference for whom you have worked is preferred.

Please list three individuals who can attest to your character and dependability.

Name _____ Phone (____) _____
Address _____ Relationship _____
City, State, Zip _____ Number of Years Known _____

Name _____ Phone (____) _____
Address _____ Relationship _____
City, State, Zip _____ Number of Years Known _____

Name _____ Phone (____) _____
Address _____ Relationship _____
City, State, Zip _____ Number of Years Known _____

The information provided in this application is true in all respects, without any willful omissions. I give my consent for a representative of the Volunteer Office to contact the references listed.

As a VOLUNTEER, I would...

- agree to attend the volunteer orientation and train until I am competent to perform the required duties;
- agree to comply with all the rules and regulations of the hospital and the Volunteer Department;
- understand that I may be dismissed from my duties for willful wrong doing or negligence and/or performing duties outside of my service description;
- agree to call my assigned area or volunteer office as soon as possible when I have scheduling changes;
- understand that Fairview Park is not obligated to utilize my services as a volunteer nor am I obligated to accept the volunteer assignment offered;
- agree to uphold the confidentiality agreement with the hospital.

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and Fairview Park Hospital.

Signature

____/____/____
Date

** It is the policy of this organization to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state, and local statutes, regulations and ordinances.

Office Use Only

Application reviewed by: _____ Date of PPD _____ HIPAA _____
Date Orientation: _____ Code of Conduct Training _____