



ADULT VOLUNTEER APPLICATION

We appreciate your interest in Lenoir Memorial Hospital and we are sincerely interested in your qualifications to serve our patients and families. Questions on this application are asked for the sole purpose of considering you for volunteer service. We do not discriminate on the basis of race, religion, national origin, age, or handicap status. Volunteer Services will seek a position to match your interests and skills, and will provide orientation and department specific training, which will prepare you for your new volunteer assignment. In return we ask for your commitment to serve six (6) months with a minimum of 100 hours. Thank you.

Date _____

(Circle One) Mr. / Ms. / Miss / Mrs.	
Name	Address
City & State	Zip Code
Telephone Number	Cell Phone Number
Email Address	

In case of emergency please contact:

Name: _____ Relation _____ Phone Number: _____

REASON FOR WANTING TO VOLUNTEER:

VOLUNTEER EXPERIENCE:

Have you volunteered at this hospital in the past? _____

If so, what year? _____ Department _____

Have you volunteered in another hospital or medical facility? ____ If so, where? _____

What volunteer activities were you involved in? _____

.....

For Office Use Only

Application _____ Ref. Check _____ Interview _____ General Orientation _____ Depart Orient. _____

Job Training Checklist/SD _____ Confidentiality Form _____ TB Test _____ CB Check _____ Uniform _____

Welcome Letter _____ Database _____ Safety/Infection Update _____ **Assignment** _____

Starting with your most recent position, **list all employment including volunteer work and all significant experience.**

1. Employer _____

Address _____ City, state, zip _____

Supervisor/Contact Name _____ Phone _____

Date employed (MO/YR) _____ Date separated (MO/YR) _____

Reason for leaving _____

2. Employer _____

Address _____ City, state, zip _____

Supervisor/Contact Name _____ Phone _____

Date employed (MO/YR) _____ Date separated (MO/YR) _____

Reason for leaving _____

EDUCATION

a. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
Year Completed _____

b. If you did not complete high school, do you have a high school equivalent diploma? Yes _____ No _____ Date Received: _____

c. Circle number of years of post high school education: 1 2 3 4 5 6 7 +

	Name and Location of Institution	Hours	Degree	Major	Dates Attended
1.					
2.					

Personal skills to use or teach:

_____ Crafts _____ Tour Guide _____ Transporting _____ Clerical/Secretarial
_____ Musical (which instrument?) _____ Other

Please provide the names, **complete mailing addresses** and telephone numbers of two individuals (other than relatives or personal physicians) that we may contact as personal references for you. In order for your application to be processed, two references must be on file in Volunteer Services.

Name	Address	
City & State	Zip Code	Telephone Number

Name	Address	
City & State	Zip Code	Telephone Number

DAYS AND TIMES AVAILABLE TO VOLUNTEER:

Monday – Friday

Usual shifts are 8:30 – 12:30 p.m.
or 12:30 – 4:30 p.m.

READ AND SIGN THE FOLLOWING SECTION:

Have you been convicted of a crime other than a minor traffic violation? Yes _____ No _____
Explain: _____

- Acceptance as a volunteer is contingent upon satisfactory references, criminal background check, and verification of information submitted on this application.
- I agree that Lenoir Memorial Hospital may contact any of my above listed references in addition to any employment contacts previous mentioned.

Our Mission

“The mission of Lenoir Memorial Hospital is to ensure exceptional healthcare for the people we serve.”

Lenoir Memorial Hospital volunteers must abide by the following Service+ expectations:

- **Make Positive First Impressions**
- **Be a Team Player**
- **Act Like an Owner**
- **Initiate Improvements**
- **Be a Telephone Pro**
- **Anticipate Patient & Family Needs & Concerns**
- **Respect the Dignity/Confidentiality of Others**
- **Show Grassroots Problem-Solving**
- **Be Professional – Always Look Your Best**
- **Communicate with Courtesy and Compassion**

The information on this application is accurate and correct to the best of my knowledge.

Signature

Date