



Decatur General

ADULT VOLUNTEER APPLICATION

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

Date of Application: _____ Date of Interview: _____

(to be completed by department director)

(PLEASE PRINT)

NAME: _____
Last First Middle Initial Title (optional)

ADDRESS: _____

PHONE: _____

BIRTHDATE: _____
month day (year, optional)

SOCIAL SECURITY #: _____

MILITARY SERVICE: _____ Yes _____ No

List hobbies/skills/special interests/foreign or sign language:

Education: (Circle) (High School) 9 10 11 12 GED

(College) 13 14 15 16 17 18 19

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, describe: _____

Have you participated in other community volunteer organizations?

_____ Yes _____ No

Where?

List duties:

Past Employment:

List duties:

If presently employed, name of business:

May we contact the agencies and/or employers listed above?

_____ Yes _____ No

REFERENCES: (not relatives)

Name/Occupation

Address

Phone

Volunteers may be required to have health tests which may include chest x-rays, skin tests and appropriate lab tests that may be necessary as part of your volunteer services. If you are unwilling, please explain:

**VOLUNTEER HOURS ARE USUALLY SCHEDULED IN 4 HOUR SHIFTS,
ONE DAY A WEEK, BETWEEN THE HOURS OF 8 A.M. AND 8 P.M.**

Please indicate the days you will be available: (Circle)

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Hours available: (Circle)

(Sat/Sun Gift Shop Hours) 1 - 5 p.m.

(Mon - Fri) 8 a.m. - 12 p.m., 9 a.m. - 1:30 p.m.,

12 p.m. - 4 p.m., 1:30 p.m. - 6 p.m., 4 p.m. - 8 p.m.

Please give any other information you feel pertinent to your application:

How did you become interested in our program?

If selected as a hospital volunteer, on what date will you be available?



CONFIDENTIALITY STATEMENT

If chosen as a volunteer, I understand and agree that in the performance of my duties as a volunteer at Decatur General, I must hold in strictest confidence any observations I may make or hear regarding patient, patients' families or hospital staff.

"I understand that intentional or involuntary violation of confidentiality may result in separation from the volunteer program."

SIGNATURE OF APPLICANT: _____

DATE: _____

"I certify that the information I have given is true and complete and that I have not knowingly withheld any information that would affect my application to serve as a volunteer. Anyone is hereby authorized to furnish Decatur General any information concerning my character, habits, ability and prior record of employment at any time. Decatur General is committed to equal opportunity for all applicants volunteering in the facility."

SIGNATURE OF APPLICANT: _____

DATE: _____

CONTACT IN CASE OF AN EMERGENCY

NAME: _____

PHONE: _____

RELATIONSHIP: _____

ADDRESS: _____

PHYSICIAN: _____

PHONE: _____