

391 Wallace Road, Nashville, TN 37211

Phone: 615.781.1125

Fax: 615.781.4113

VOLUNTEER APPLICATION

Personal Information

Applicant's Name: _____
Last
First
M.I.

Phone: _____ Cell: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Work Address: _____
Street
City
Zip

Are you 18 years or older? _____ Male _____ Female _____

Skills

Language(s) you speak (other than English): _____

Special Education or Training: _____

Special Skills or Hobbies: _____

Availability

Please indicate which 4-hour shift(s) you would be available to work

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8:00 am – 12 Noon)							
Afternoon (12 Noon – 4:00 pm)							
Evening (4:00 pm – 8:00 pm)							
Other							

Area of Interest

_____ *Hospitality (Greeter, Patient Escort, Wait Room Ambassador)*

_____ *Service Area (Admissions, ICU, Emergency, Day Surgery)*

_____ *Clerical (filing, copying, answering phones)*

Emergency Information

Name of Person to Notify in Case of Emergency: _____

Daytime Phone: _____ *Evening Phone:* _____ *Relationship:* _____

Personal References (Please list two people other than relatives)

Name: _____ *Relationship:* _____

Address: _____
Street City State Zip

Daytime Phone: _____ *Evening Phone:* _____

Name: _____ *Relationship:* _____

Address: _____
Street City State Zip

Daytime Phone: _____ *Evening Phone:* _____

How did you hear about our Volunteer Program? _____

Have you had previous hospital volunteer experience? Yes No

If yes, please describe: _____

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

If yes, list date, offense, and disposition of each such conviction. (Convictions are not automatic disqualifications from volunteer service) _____

Do you belong to any club or organization that you think may benefit from a visit from our staff to share with them information about volunteering? If yes, please list the name of the organization and, if possible, a telephone number and contact person.

Applicant Statement

Please read the following, and sign below:

I certify that all information provided in this application is true and correct to the best of my knowledge.

I understand that I am volunteering my services free of charge and do not expect monetary compensation or employment.

I understand that I will be required to attend additional orientation classes in order to be fully informed about health and safety regulations at SHMC.

I understand and authorize SHMC to conduct drug screening and background checks prior to my service as a volunteer.

I understand and authorize SHMC to complete TB screenings before I can serve as a volunteer.

I understand that any falsification or significant omission of any information requested herein will be considered sufficient cause to terminate my volunteer status without prior warning at any time during my service with SHMC.

Applicant's Signature: _____ ***Date:*** _____