

Volunteer Application

Name _____ Date _____

Address _____
Street City State Zip Code

Home Telephone _____ Work or cell _____ email address _____

References (relatives can not be listed as references)

Name _____ Years known _____ Phone Number _____

Address _____
Street City State Zip Code

Name _____ Years known _____ Phone Number _____

Address _____
Street City State Zip Code

Name _____ Years known _____ Phone Number _____

Address _____
Street City State Zip Code

If you are working with a special program for credit (club, school, court, etc.) please list:

Organization _____

Reference Person _____ Telephone _____

Emergency Contacts

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Time Preference (Provide hours next to the days you would be available to work.)

Monday _____ Wednesday _____ Friday _____ Sunday _____

Tuesday _____ Thursday _____ Saturday _____

Check your area of preference

No patient contact _____ Limited patient contact _____ Patient contact _____ Clerical _____

What service area would you prefer? _____

Volunteer
Services

Why do you want to volunteer at Durham Regional Hospital?

How did you learn about volunteering at Durham Regional Hospital? Please circle any that apply.

Newspaper Friend Internet Employee

Other _____

Education

Highest Grade Completed _____
High School/Trade School/College _____ Years Attended _____
Address _____
Circle: Graduate Yes No Degree _____

High School/Trade School/College _____ Years Attended _____
Address _____
Circle: Graduate Yes No Degree _____

Employment/ Volunteer History. (Starting with your most recent position, list positions and activities, including self-employment, volunteer work and all significant experience.)

Employer _____
Address _____
Job Title _____
Duties _____
Supervisor name and telephone number _____
Reason for leaving _____

.....
Employer _____
Address _____
Job Title _____
Duties _____
Supervisor name and telephone number _____
Reason for leaving _____

.....
Employer _____
Address _____
Job Title _____
Duties _____
Supervisor name and telephone number _____
Reason for leaving _____

Have you ever been convicted (pleaded guilty or been found guilty) of a misdemeanor or felony?

Circle: Yes No

If yes, explain _____

Criminal Background Investigation Authorization

I authorize Durham Regional Hospital to conduct a criminal background investigation. I understand if the information provided by me is determined to be false or if I have failed to give any information herein requested, I will no longer be considered for volunteering. In the event of my acceptance as a volunteer, if the above occurs, this may be cause for dismissal.

Signature _____ Date _____

Volunteer Agreement

I hereby certify the answers on this application are true and correct. I understand that any misrepresentations or omissions of facts, misleading or false information on my part will be grounds for rejection of my application or termination of my volunteer status if such occurrence is discovered at a later date.

I am aware that Durham Regional Hospital does not provide insurance coverage for volunteers if personally injured or if damage occurs to the worker's personal property while acting as a volunteer. I further understand that I am not entitled to worker's compensation benefits, health insurance benefits, or any other benefit available to employees of Durham Regional Hospital. I agree that I will not hold Durham Regional Hospital or its officers or agents liable for any injury sustained to person or property while acting in a volunteer capacity.

Durham Regional Hospital is an Equal Opportunity/ Affirmative Action employer. All decisions to accept individuals are based on individual qualification without regard to race, color, sex, national origin, veteran status, sexual preference, age, religious belief or disability.

Signature _____ Date _____