

Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Carrier: (ex. Verizon, AT&amp;T) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Military Service:  Yes  No

Email: \_\_\_\_\_

List hobbies, skills and special interests: \_\_\_\_\_

Do you speak a foreign language?  Yes  No If yes, what language? \_\_\_\_\_Do you know sign language?  Yes  No

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

Have you ever been convicted of a felony?  Yes  No

If yes, describe: \_\_\_\_\_

Have you ever participated in other community volunteer organizations?  Yes  No

If so, where and list duties: \_\_\_\_\_

Past employment and duties: \_\_\_\_\_

Are you presently employed?  Yes  No If so, where? \_\_\_\_\_May we contact the agencies and/or employers listed above?  Yes  No

References: (not relatives)

Name	Address	Phone
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\_\_\_\_\_

\_\_\_\_\_

Chest x-rays, skin tests and appropriate lab tests may be required as part of your volunteer services.

If you are unwilling, please explain: \_\_\_\_\_

**Volunteer hours are scheduled in 4 hour shifts, usually on one day, between the hours of 8:00 am & 4:00 pm.**

Please circle the days you will be available: Monday Tuesday Wednesday Thursday Friday

Hours Available: (Mon-Fri) 8 a.m. - 12 p.m. 9 a.m. - 1:30 p.m. 12 p.m. - 4 p.m.



**SPECIAL SKILLS/INTERESTS**

Please check the items, in which you have abilities, experience or interest.

- Community Relations     Information Desk     Escorts     Mammography  
 Food Services     Medical Plaza 1 Information Desk     Gift Shop  
 ICU Information Desk     Patient Access Decatur Campus     Patient Access Parkway Campus

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**

I understand as a Decatur Morgan Volunteer, I will not be paid for services. I agree, in the performance of my duties, I must hold in strictest confidence any observations I may make or hear regarding patients, patients' families or hospital staff.

I understand that intentional or involuntary violation of confidentiality may result in disciplinary action including termination.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

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 Morgan Hospital any information concerning my character, habits, ability and prior record of employment at any time. Decatur Morgan Hospital is committed to equal opportunity for all applicants volunteering in the facility.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_  Cell     Home     Work

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**DO NOT WRITE BELOW THIS DOTTED LINE**

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Date Interviewed: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

