Thank you for your interest in becoming a hospital volunteer. Memorial Hospital welcomes volunteers and supports your willingness to serve. Many opportunities exist for volunteer service. The experience can provide many benefits to you as well as having a positive effect on our patients, nursing home residents, visitors, and staff.

As a volunteer, you will be required to complete an application, criminal background check, and hospital orientation. You will also be expected to observe the same codes and ethics that apply to the staff. This will ensure the smooth operation of the hospital and the comfort and well-being of our patients. Hospital care is extremely personal and medical ethics are rigid. A volunteer is a vital member of the healthcare team and is expected at all times to reflect sensitivity and humanitarian understanding. This is the essence of professional ethics.

As a member of our professional team, we ask that volunteers to wear simple, neat, clean clothing as well as comfortable shoes. No sweat pants/shorts. Dress Bermuda shorts are acceptable during the warmer weather. Green vests will be provided along with a photo id badge. These items are part of the volunteer’s uniform and are required for recognition and security measures. No excessive body piercing, perfumes, or after-shaves and hair should be neat and clean. Please no gum chewing.

A minimum of 2-4 hours shifts on a regular basis is requested. When completing your application, include areas in which you might want to work and be sure to include your availability, with the specific time of day and day (or days) that you are able to work. Once your application is reviewed and references are checked, you will receive a brief orientation and tour of the hospital along with department specific orientation before you continue on your own. (Note: submitting an application does not guarantee automatic placement. We also are unable to accommodate any requests for court ordered community service.)

Please return your application and be sure to include two reference with addresses, phone numbers and email addresses if they have one.

Thank you.

Peter Waugh
Volunteer & Communications Coordinator
MEMORIAL HOSPITAL
ADULT VOLUNTEER SERVICE APPLICATION

Name: _____________________________________________________________               ____________

Last                      First                      Middle                      Today’s Date

Mailing Address: ____________________________________________________________

Street/Box #                              Town                      St.                              Zip

E-mail address: __________________________________________________________

Date of birth:(Month, Day)________________

Telephone: Home ( ) ____________ Work: ( ) ____________ Other ( ) ____________

EDUCATION

Highest grade completed: ___High School ___College       Course of Study:______________________

Other Education or Professional Training:__________________________________________________

Professional Certification:__________________________________________________________

EMPLOYMENT HISTORY

Most recent employer:_______________________________________  Address:__________________

Position held:__________________________________________     Length of employment: _________

If no longer there, reason for leaving:____________________________________________________

COMMUNITY

Affiliations: (clubs, service organizations, etc.)______________________________

Other current volunteer commitments:

Past Volunteer Experiences:

Organization:____________________________ Position:_______________________   Dates:________

____________________________               ________________________            ________

Awards, Recognitions received: __________________________________________________________

PERSONAL

References (Please do not include relatives)

1. Name:____________________________   Relationship:________________________

   Mailing Address:______________________________

   Email Address:__________________________________________________

   Daytime Phone: - ____________ Cell Phone: - ____________

2. Name:____________________________   Relationship:________________________

   Mailing Address:______________________________

   Email Address:__________________________________________________

   Daytime Phone: - ____________ Cell Phone: - ____________
Have you been convicted of a felony or misdemeanor within the past 5 years? Yes: _____ No: ___
If yes, please explain why, when, and where:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

List any hobbies, skills, or interests that might be helpful in your volunteer work:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How did you learn about our volunteer program?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please explain what you hope to give to our program, and the rewards you expect to receive as a volunteer:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What Department(s) positions(s) are of special interest to you? ED: ___ Purchasing: ___ Gift Shop: ___
Pharmacy___ Lab ___ Birthing Center___ New Life Prenatal Clinic___ Heart, Health & Wellness ___
Other ___

What is your availability for volunteer placement? (Please check all that apply)

  Days of the Week: Monday __ Tuesday __ Wednesday __ Thursday __ Friday __ Saturday __
  Sunday __
  Time of Day: Morning ___ Afternoon ___ Evening ___
  Time of Year: Spring only ___ Summer only ___ Fall only ___ Winter only ___ Year-round ___

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: ______________________________ Relationship: ______________
Address: __________________________________________________________
Email Address: _____________________________________________________
Daytime Phone: _____-___________ Evening Phone: _____-___________ Cell Phone: _____-___________

I, __________________________, hereby authorize the Memorial Hospital to contact the personal references I
have provided above.

_______________________________
Signature of Applicant.

PLEASE NOTE: submitting an application does not guarantee automatic placement.
We also are unable to accommodate any requests for court ordered community service.
The Memorial Hospital does not discriminate on the basis of race, color, religion, sex, age, national origin,
citizenship, sexual orientation, marital status or disability (mental or physical) in
the hiring of its employees or recruitment of volunteers.
Criminal Background and Bureau of Elderly and Adult Services (BEAS)
checks are required and will be conducted. Adult
MEMORIAL HOSPITAL
JUNIOR/TEEN VOLUNTEER SERVICE APPLICATION
(Applicant must be 16 years of age)

Name:___________________________________________________________               ____________

Last                                      First                                      Middle                                      Today’s Date

Mailing Address:______________________________________________________________________

Street/Box #                              Town                                      St.                                    Zip

E-mail address:____________________________          Date of birth:(Month, Day)________________

Telephone: Home (     ) ____________ Work: (     ) ____________ Other (     ) __________________

EDUCATION

Highest grade completed: ___High School ___ College Course of Study:__________________________________________

Other Education or Professional Training:______________________________________________________________________

Professional Certification:____________________________________________________________________________________

EMPLOYMENT HISTORY

Most recent employer:_______________________________________  Address:__________________

Position held:__________________________________________     Length of employment: _________

If no longer there, reason for leaving:__________________________________________________________

COMMUNITY

Affiliations: (clubs, service organizations, etc.)________________________________________________________

Other current volunteer commitments:______________________________________________________________________

Past Volunteer Experiences:

Organization:____________________________ Position:_______________________ Dates:________

________________________________________________________________________________________

Awards, Recognitions received:__________________________________________________________________________

PERSONAL

References (Please do not include relatives. One from Guidance or an Advisor)

1. Name:________________________________________      Relationship: ______________

   Mailing Address:________________________________________

   Email Address:________________________________________

   Daytime Phone: ___-______________ Cell Phone: ___-______________

2. Name:________________________________________      Relationship: ______________

   Mailing Address:________________________________________

   Email Address:________________________________________

   Daytime Phone: ___-______________ Cell Phone: ___-______________
Have you been convicted of a felony or misdemeanor within the past 5 years? Yes: _____ No: ___
If yes, please explain why, when, and where:
____________________________________________________________________________________
____________________________________________________________________________________
List any hobbies, skills, or interests that might be helpful in your volunteer work:
____________________________________________________________________________________
____________________________________________________________________________________
How did you learn about our volunteer program?
____________________________________________________________________________________
____________________________________________________________________________________
Please explain what you hope to give to our program, and the rewards you expect to receive as a volunteer:
____________________________________________________________________________________
____________________________________________________________________________________
What Department(s) positions(s) are of special interest to you? ED: ___ Purchasing: ____ Gift Shop: ___
Other: ______
What is your availability for volunteer placement? (Please check all that apply)
   Days of the Week: Monday __Tuesday __Wednesday __Thursday __ Friday __ Saturday ___ Sunday __
   Time of Day: Morning ___Afternoon___ Evening___
   Time of Year: Spring only ___Summer only ___ Fall only ___ Winter only___ Year-round___

PERSON TO CONTACT IN CASE OF EMERGENCY:
Name: ______________________________ Relationship: ______________
Address: ___________________________________________________________________________
Email Address: __________________________
Daytime Phone: __________ Evening Phone: __________ Cell Phone: __________

If you are under 18, your Parent or your Legal Guardian must sign here to authorize and approve your placement as a Volunteer at The Memorial Hospital.

____________________________
Name & Relationship to Applicant

I, ____________________, hereby authorize the Memorial Hospital to contact the personal references I have provided above.

Signature of Applicant.

PLEASE NOTE: submitting an application does not guarantee automatic placement.
We also are unable to accommodate any requests for court ordered community service. The Memorial Hospital does not discriminate on the basis of race, color, religion, sex, age, national origin, citizenship, sexual orientation, marital status or disability (mental or physical) in the hiring of its employees or recruitment of volunteers.
Criminal Background and Bureau of Elderly and Adult Services (BEAS) checks are required and will be conducted (age 18 and older only)

Junior/Teen Application.doc rev. 10/5/16