

**Memorial
Health Care System**

**APPLICATION FOR
VOLUNTEER SERVICES**

Adult Retired: YES/NO

Student: College

Middle/High School

Name:

SS #

DOB:

Address:

Street

City

State

ZIP

Home Phone:

Cell Phone:

Email Address:

Interested in Receiving Memorial Foundation E-News:

YES

NO

Spouse:

N/A

Emergency Contact:

Relationship:

Phone:

Physician:

Phone:

How did you hear of this volunteer opportunity?

What are your expectations for volunteer service?

What are your areas of interest within the hospital?

Education/Degree/Special training/Work experience:

Previous volunteer experience:

Physical limitations / activity restrictions:

SERVICE PREFERENCES: #Of Hours Per Shift _____ #Of Days Per Month _____

PREFERRED TIME(S) OF DAY: Morning _____ Afternoon _____ Evening _____ Late Night _____

DAY(S) OF WEEK: SUN. MON. TUES. WED. THURS. FRI. SAT.

PLEASE MARK YOUR PERSONAL INTERESTS OR SKILLS:

- | | | |
|--------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Musical | <input type="checkbox"/> Worked as a Receptionist |
| <input type="checkbox"/> Aerobics/Other Exercise | <input type="checkbox"/> Reading | <input type="checkbox"/> Pastor/Chaplain |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Computers | <input type="checkbox"/> Use of the Internet |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Health Care Professional | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gardening | | |

AS A VOLUNTEER, I UNDERSTAND AND AGREE TO THE FOLLOWING:

- I cannot expect pay or services as compensation for my service as a volunteer.
- I will attend Volunteer Orientation, annual in-service training and all other required training sessions, as applicable.
- I will meet all hospital and regulatory requirements, as they apply to my assigned duties.
- I will consider my volunteer work as a firm commitment, reporting on time each day I am scheduled unless I am ill, in an emergency situation or on a planned vacation. In those cases, I will notify my Supervisor giving as much notice as possible.
- I will notify the Director of Volunteer Services of any desired assignment change, of prolonged absences or if I wish to resign my position.
- I will wear the appropriate uniform and shoes and will adhere to the Volunteer personal hygiene and dress guidelines at all times.

I hereby give my permission for the use of my name and photograph for Volunteer publicity purposes without receiving compensation. YES NO

Applicant Signature:	Date:
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Director's Interview Notes:

2525 de Sales Avenue, Chattanooga, TN 37404-3322