



APPLICATION FOR VOLUNTEER SERVICES

ADULT: Retired Employed
Employer (if employed):

STUDENT: College Middle/High School
School Attending:

| | |
|----------|------|
| Name: | DOB: |
| Address: | |
| Street | City |
| State | Zip |

| | |
|--|-------------|
| Home Phone: | Cell Phone: |
| Email Address: | |
| Interested in Receiving Memorial Foundation E-news: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Emergency Contact Name: | |
| Relationship: | Phone: |

How did you hear about this volunteer opportunity?

What are your expectations for volunteer services?

What are your areas of interest within the hospital?

Education/Degree/Special Training/Work Experience:

Previous Volunteer Experience:

Physical limitations/activity restrictions:

Previous or Current Place of Employment/Job Title:

SERVICE PREFERENCES

| | |
|---|---|
| Number of Hours Per Shift: | Number of Days Per Month: |
| Preferred Time(s) Of Day: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon | |
| Day(s) of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday | |
| Location: <input type="checkbox"/> Memorial Chattanooga <input type="checkbox"/> Memorial Georgia <input type="checkbox"/> Memorial Hixson <input type="checkbox"/> Memorial Ooltewah | |
| Please mark your personal interests or skills: | |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Musical |
| <input type="checkbox"/> Aerobics/Exercise | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Use of Internet |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Work as Receptionist |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Other: | |

Please turn over and complete page 2.

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 commit to volunteering at CHI Memorial a minimum of 40 hours in a 12 month period.
- For your protection and to help prevent the spread of infection, flu shots are provided and required for all volunteers and staff.* I will receive the vaccine or provide documentation of vaccination; if unable to receive the flu shot, I will suspend my volunteer service during the flu season.
- I will receive the COVID-19 vaccine or provide documentation of vaccination prior to starting my volunteer service.
- I will wear the appropriate uniform and shoes and will adhere to the Volunteer personal hygiene and dress guidelines at all times.
- I will adhere to the CHI Memorial Social Media and Personal Cell Phone Use policy. It is prohibited to take photos or videos of patients and to post, share or discuss any patient related information on social media platforms and the internet. *(Full policy available in the volunteer handbook.)*
- I will adhere to the CHI Memorial Violence-Free Workplace policy. CHI Memorial strives to maintain a working environment free from violence and intimidation. All weapons are prohibited in all CHI Memorial facilities and on all CHI Memorial owned or leased property. *(The only exception is for authorized law enforcement officers.)*

I hereby give permission for the use of my name and photograph for volunteer publicity purposes without receiving compensations. Yes No

STUDENTS - Additional Information to Submit with Your Completed Application:

1. One page essay expressing why you would like to volunteer at CHI Memorial.
2. Two letters of recommendation. Letters may be from anyone **except** family members or peers of your own age.
3. Must commit to volunteering at CHI Memorial a minimum of 40-hours in a 12-month period.

NOTE: *The essay and letters of recommendation are required for students only.*

Applicant Signature: _____ Date: _____

Director's Interview Notes:

Return Completed Application to:
 CHI Memorial, Volunteer Services, 2525 de Sales Ave. Chattanooga, TN 37404
 tessa_long@memorial.org PH: 423.495.8610 FX: 423.495.4149