



## APPLICATION FOR VOLUNTEER SERVICES

ADULT:  Retired  Employed

STUDENT:  College  Middle/High School

Employer (if employed):

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 |                                                                                  |
| Spouse: <input type="checkbox"/> N/A                                                                         | Served in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emergency Contact:                                                                                           |                                                                                  |
| Relationship:                                                                                                | Phone:                                                                           |
| Physician:                                                                                                   | 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"/> Reading                |
| <input type="checkbox"/> Health Care Professional                                                                                                                                     | <input type="checkbox"/> Filing                 |
| <input type="checkbox"/> Use of Internet                                                                                                                                              | <input type="checkbox"/> Worked as Receptionist |
| <input type="checkbox"/> Other:                                                                                                                                                       | <input type="checkbox"/> Typing                 |

*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 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 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: \_\_\_\_\_

Signature of Parent or Legal Guardian *(if under 18 yrs. of age)*: \_\_\_\_\_

**Director's Interview Notes (for OFFICE USE only):**

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