



Please submit applications to:

Harnett Health
 P.O. Box 1706
 Dunn, NC 28335
 Attn: Volunteer Services

We consider applicants for all positions without regard to race, color, sex, religion, national origin, ancestry, age, disability, marital or veteran status, or any other legally protected status. Harnett Health System is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking. Harnett Health System is a drug free employer.

College Volunteer Application

Please Print

Date: _____

Name: _____
Last First Middle

Home Address: _____
Street City State Zip

Mailing Address: _____
 If different from Home Address: P.O. Box, etc. City State Zip

Telephone: Home(____) - _____ Cell: (____) - _____ Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about our Volunteer Program? _____

Have you ever worked / volunteered with Harnett Health before? Yes No If yes, when?

Do you have any relatives or close acquaintances at Harnett Health? Yes No
 If yes, list names and relationships _____

Do you have any special training? Yes No If yes, please list _____

Personal references (other than relatives) – Please provide full mailing address:

Name	Street	City/State	Zip	Phone	Occupation	Years known
				Home: (____) _____ Work: (____) _____		
				Home: (____) _____ Work: (____) _____		
				Home: (____) _____ Work: (____) _____		

Education Please include current college information.

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED

College 1 2 3 4 5

High School/College Name	Major/Minor/Degree	Dates		Graduate (if current, list planned graduation date)	
		From	To	Yes	No
1.					
2.					
3.					

Campus Involvement (jobs, mentorships, internships, sports, clubs, etc.) An additional page can be added for more space. _____

Career Goal _____

What are your reasons for wanting to become a volunteer at Harnett Health? An additional page can be added for more space. Please limit your response to one paragraph. _____

Location Preference:

- Betsy Johnson Hospital -Dunn
- Central Harnett Hospital- Lillington
-
-

Volunteer Time Preference:

- Sunday Hrs: _____
- Monday Hrs: _____
- Tuesday Hrs: _____
- Wednesday Hrs: _____
- Thursday Hrs: _____
- Friday Hrs: _____
- Saturday Hrs: _____

Schedule Preferences

- Mornings
- Afternoon
- Evenings

Duty Preferences

- No patient contact
- Information Desk
- Crafts / Crocheting
- Gift Shop
- Courtesy Visits to Patients
- Solitary Work Projects
-
- Clerical Assignments
- Book Collection for Peds
- Assisting Nurses Station

Have you ever been dismissed or forced to resign from any job or volunteer position? Yes No

If yes, explain: _____



Employment/Volunteer History:

Starting with your most recent position. List all positions and activities including self-employment, volunteer work, and all significant experience. If you need more space, please add a sheet.

Employer	Street	City	State	Zip Code
Job Title	Supervisor Name and Telephone Number			
Date employed (mo/yr)	Date separated (mo/yr)			
Reason for leaving				
Duties				

Employer	Street	City	State	Zip Code
Job Title	Supervisor Name and Telephone Number			
Date employed (mo/yr)	Date separated (mo/yr)			
Reason for leaving				
Duties				

Applicant Agreement:

1. I certify that the information contained in this application is correct and complete to the best of my knowledge.
2. Acceptance into the Volunteers at Harnett Health System is contingent upon satisfactory completion of all pre-placement procedures which include, but may not be limited to, an interview, verification of references, criminal background investigation, orientation and tuberculosis screening.
3. I realize that misrepresentation of facts will be cause for rejection of this application. In the event of placement in the volunteer program, falsification of any information on this application will be cause for dismissal.
4. I authorize Harnett Health System to thoroughly investigate the information provided on this application and to conduct a Criminal Background Investigation. I will not hold any person liable for giving or receiving information in this investigation.
5. I agree to abide by the policies of Harnett Health System.

Signature of Applicant: _____ Date: _____

STUDENTS WILL BE ASKED TO SUBMIT A COPY OF THEIR CRIMINAL BACKGROUND REPORT IF APPROVED FOR POSITION.

Harnett Health System
Information / Disclosure Release Form

The purpose of this agreement is to inform you that as part of our procedure for processing your application, an outside agency will make a report and present it to us if further investigation is needed. The reports may include a Criminal Background Search, a Driving Record Check, a Credit Report and a Social Security Trace Report. By signing this document you are releasing any and all persons, companies, agencies, or others, from liability resulting from your background investigation.

PLEASE TYPE OR PRINT ALL INFORMATION

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME	
_____ MAIDEN NAME #1	_____ MAIDEN NAME #2	_____ AKA	
_____ SOCIAL SECURITY NUMBER	_____ DATE OF BIRTH	_____ SEX	_____ RACE
_____ (**) DRIVERS LICENSE NUMBER	_____ STATE	_____ ISSUE DATE	

CURRENT ADDRESS YEARS _____ MONTHS _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

PREVIOUS ADDRESS YEARS _____ MONTHS _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

- A) Have you ever been charged with a Felony or Misdemeanor? Yes _____ No _____
B) Have you ever been convicted of a Felony or Misdemeanor? Yes _____ No _____
If the answer is yes to questions A or B, please explain: _____

C) Do you have any pending charges? Yes No (please circle one) If yes, please explain: _____

D) Have you ever had any adverse legal actions imposed by Medicare, Medicaid, or any other federal agency or program?
Yes No (please circle one). If yes, please explain: _____

Your response to any of these questions will not automatically disqualify you from employment. However, if you answer "no" and a criminal history is found or if you answered "yes" but did not include all convictions, you will be disqualified from employment.

PLEASE READ CAREFULLY

I certify that all answers given herein are true and complete to the best of my knowledge.

In submitting this application, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit records and/or criminal history. I authorize an investigation of all statements contained in this application as may be necessary in arriving at a decision. I authorize anyone possessing this information to furnish it to Harnett Health System and/or 3rd party company upon request and I release anyone so authorized, Harnett Health System and any 3rd party company from all liability and damages whatsoever in furnishing, obtaining it using said information.

I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Harnett Health System.

Applicant's Signature _____ Date Signed: _____

College Student Endorsement

*This form must be completed by the student's **academic advisor** and turned in with the application during the interview.*

Student's Name _____

	Excellent	Above Average	Average	Below Average	Poor	Not Observed
Initiative						
Interpersonal Skills						
Motivation						
Participation						
Leadership						
Professionalism						
Maturity						
Accountability						

Comments:

Do you recommend this student to volunteer with the Harnett Health system? Yes/No

Advisor Name _____ Email _____
 Advisor Signature _____ Date _____