



Adult Volunteer Application

Please Print

Today's Date: _____

Name: _____
Last First Middle

Home Address: _____
Street City State Zip

Mailing Address (if different from Home Address):

Street City State Zip

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

Emergency Contact: _____ Phone: _____ Relationship: _____

Previous Experience as a volunteer: _____

Previous Experience as a paid employee: _____

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 _____

Please indicate with checkmarks following your preferences:

- | | | | |
|------------------------------------|-----------------------------------|--|---|
| Days: | | Shifts: | Number of hours available each week: |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | _____ |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Afternoon | |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday | <input type="checkbox"/> Evening (5:00 – 8:00pm) | |
| <input type="checkbox"/> Thursday | | | |

Indicate with checkmarks facilities/programs with which you would prefer to volunteer:

Betsy Johnson Hospital – Dunn

Central Harnett Hospital – Lillington

Auxiliary Toymakers - Dunn

Indicate with checkmarks departments with which you would prefer to volunteer:

****Volunteers are asked to volunteer in areas that are in need****

Emergency Department

Rehab and Wellness

Laboratory

Maternal Child Unit

Medical Imaging

Gift Shop

Inpatient Units

Have you ever been convicted of any criminal offense? A conviction record will not necessarily be a ban on your acceptance as a volunteer. ***Examples may include, but should not be limited to: Driving under the influence, worthless checks, assault, driving while license suspended, disorderly conduct, credit card fraud, embezzlement, etc***

Yes

No

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: () - _____		

What are your reasons for wanting to become a volunteer with Harnett Health System?

I hereby certify that the information given in this application is fully and correctly answered. I understand that any misrepresentation, omission or misstatement, whether intentional or not, is grounds for rejection of my application or termination of my volunteer status if such an occurrence is discovered at a later date. If, in the judgement of the Health System, any information contained herein is found to be untrue, incorrect, or incomplete, I may be refused acceptance as a volunteer or subject to dismissal if already a volunteer. I voluntarily authorize Harnett Health System to investigate all information contained in this application. I authorize my present and former employer and/or three references listed on my application to release any information pertaining to my work record and performance to Harnett Health System and release those employers and references from liability unless such information is provided with knowledge that it is false.

I understand that the first fifty hours of volunteer service will be considered as a period of probation. I agree to submit to any physical examination as required by the Health System and, if accepted as a volunteer, I agree to abide by all present and subsequently issued or revised Health System and Volunteer Department policies.

I understand that a criminal check will be conducted.

I further understand that I may be dismissed as a volunteer with or without cause or with or without notice at any time, at the option of either the Health System or myself. I understand that no representative of the Health System has authority to enter into an agreement with me for volunteer service for any specified period of time, or to make any agreement with me contrary to the foregoing.

Finally, I understand that my application will remain active for no longer than three months from this date, and should I desire to be considered for volunteer service thereafter, I must reapply in the same manner.

Harnett Health System is an Equal Opportunity/Affirmative Action Employer. All decisions to accept individuals as volunteers are based on individual qualifications without regard to race, color, sex, national origin, age, religious belief, or disability.

Applicant Printed Name: _____

Applicant Signature: _____