



Dear Volunteer Applicant,

Thank you for expressing an interest in the Volunteer Program at Johnston Health. Volunteering will be a rewarding experience for you, our patients and our visitors.

Before beginning active service you are asked to:

- Complete an application.
- Complete an interview.
- Have a background check completed.
- Have an Identification Badge made.
- Attend and complete entire Volunteer Orientation.
  - You will be notified when your orientation is scheduled.
  - Orientation begins at 8:00 a.m. and ends mid-afternoon.
  - There is also a quarterly night session if days are inconvenient.
  - Orientation is held in the Johnston Medical Mall auditorium.
  - Johnston Medical Mall is across the street from the Hospital.

Thank you,

Volunteer Services



# Adult Volunteer Application

509 North Bright Leaf Boulevard | Smithfield, NC 27577 | (919) 938-7117 | (919) 938-7914(fax)

To the Applicant: We appreciate your interest in Johnston Health and we are sincerely interested in your qualifications to serve our staff, patients and their families. Questions on this application are asked for the sole purpose of considering you for volunteer service.

*Acceptance as a volunteer is contingent upon satisfactory references and criminal background check and verification of information submitted on this application.*

The Department of Volunteer Services is committed to a policy of equal opportunity for all applicants regardless of race, religion, national origin, ancestry, sex, sexual preference, age, marital status or disabilities. Johnston Health operates as an at-will organization which means that association can be terminated with or without cause, at any time, by either party, with or without notice, at the option of Johnston Health or at the option of the volunteer.

### PLEASE PRINT OR TYPE

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Last) (First) (Middle)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_

(Month) (Day)

Telephone: Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

### SERVICE AREA AND TIME PREFERENCE:

What day(s) would you prefer: Mon Tues Wed Thurs Fri Sat Sun

Do you prefer to volunteer: Morning (8:30a to 12:30p) Afternoon (12:30p to 4:30p) Evening (4:30p to 8:30p)

Area preference: JMC-Clayton \_\_\_\_\_ JMC-Smithfield \_\_\_\_\_ SECU Hospice House \_\_\_\_\_

Earliest date available: \_\_\_\_\_

Have you ever done volunteer work before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_

**SKILLS:** (please check all that apply)

Customer Service \_\_\_\_\_ Clerical \_\_\_\_\_ Computer \_\_\_\_\_ Foreign Language \_\_\_\_\_

Specify language \_\_\_\_\_ Are you fluent in this language? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES:** (other than relatives)

1. Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address: \_\_\_\_\_

(City) (State) (Zip Code)

Occupation: \_\_\_\_\_ Years Known \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address: \_\_\_\_\_

(City) (State) (Zip Code)

Occupation: \_\_\_\_\_ Years Known \_\_\_\_\_

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

\_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

(Name) (Phone Number)



**CRIMINAL BACKGROUND INVESTIGATION AUTHORIZATION**

I authorize Johnston Health to conduct a criminal background investigation. I understand if the information provided by me is determined to be false or if I have failed to give any information herein requested, I will no longer be considered for volunteer work. In the event of my acceptance as a volunteer, if the above occurs, this may be cause for dismissal.

Signature of Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER AGREEMENT**

I hereby certify the answers on this application and any resulting from interviews are true and correct and any misrepresentations or omissions of facts, misleading or false information on my part will be grounds for dismissal as a volunteer. I therefore authorize you to make such investigations and inquiries as you deem necessary in arriving at a decision to accept me as a volunteer.

Signature of Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

