



Office Use Only	
<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Hospice
<input type="checkbox"/> Good Samaritan Community Health Clinic	<input type="checkbox"/> Student
<input type="checkbox"/> Home Services	<input type="checkbox"/> Chaplain

Volunteer Application

Name _____ Sex _____ Birthday _____
FIRST MIDDLE LAST MONTH DAY YEAR*
 (*18 AND UNDER ONLY)

Address _____
STREET CITY STATE ZIP

Home phone _____ - _____ Cell phone _____ - _____

E-mail _____ Work phone _____ - _____

Emergency contact _____ Phone _____ - _____

Volunteer activities (past and current) _____

Employment activities (past and current)

Employer _____ Type of work _____ Dates _____
 Employer _____ Type of work _____ Dates _____

Community affiliations (clubs, church activities, special interest groups)

Have you ever been convicted of a crime except a minor traffic violation? Yes _____ No _____
 If so, state date, court and place where offense occurred.

Personal references (do not list relatives)

1. _____
NAME ADDRESS

CITY STATE ZIP PHONE

2. _____
NAME ADDRESS

CITY STATE ZIP PHONE

3. _____
NAME ADDRESS

CITY STATE ZIP PHONE

How did you learn about volunteer opportunities with Blount Memorial?

Briefly, why do you want to become a volunteer?

Availability (circle days and hours you could volunteer)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.

Would you be available for a flexible schedule? Yes _____ No _____

Volunteer areas of interest

Check all that apply, and complete additional information if needed.

Auxiliary

- _____ Library
- _____ Lounges (surgical, intensive care, coronary care)
- _____ Office
- _____ Quilting
- _____ Flowers
- _____ Mail
- _____ Cancer Center
- _____ Gift Shop
- _____ Information desks (outpatient, level 1 and ground-floor)
- _____ Discharge escort
- _____ Patient host/hostess
- _____ MorningView Village

Good Samaritan Community Health Clinic

- _____ Office
- _____ Health care – for licensed professionals only*

Home Services

- _____ Hospice
- _____ Health care – for licensed professionals only*

Student Services

- _____ Educational requirement
- _____ School attending

Chaplain Services

- _____ Church affiliation
- _____ College attended
- _____ Year graduated _____
- _____ Seminary or other
- _____ Ordination or commission

*License number (for licensed professionals only)

I am a Blount Memorial Hospital employee
Yes _____ No _____
If yes, are you staff or other?

Volunteer Pledge

- I pledge: _____ my conscientious effort in fulfilling my duties.
_____ to conduct myself professionally, with tact, consideration and understanding.
_____ to hold all information regarding patients which I may see or hear as confidential.
_____ to understand that I will seek only information I "need to know" to perform my job.
_____ to be loyal to the mission of the hospital.
_____ to attend the necessary training and orientation sessions.

I certify that the information given by me in this application is true in all respects. I agree that if accepted and it is found to be false in any way, that I may be subject to dismissal without notice.

Signature _____ Date _____

If under 18 years old, I certify that I am the parent or legal guardian of the above named minor and by my signature, agree to the terms above.

Signature _____ Date _____

Return completed applications to Volunteer Services, which is on the service level of Blount Memorial Hospital, or by postal mail. Mailed applications can be sent to Volunteer Services, Blount Memorial Hospital, 907 E. Lamar Alexander Parkway, Maryville, TN

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_____ DVS approval _____ References sent
_____ References returned – No. 1
_____ References returned – No. 2

_____ Interview file _____ Acceptance letter _____ TB slip issued _____ Orientation _____ Training

Comments _____

_____ Human resources approval for employee volunteers