



<b>Office Use Only</b>	
<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**

**For Office Use Only**

\_\_\_\_\_ 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