JENNIE EDMUNDSON HOSPITAL
An Affiliate of Methodist Health System

ADULT VOLUNTEER APPLICATION

I'm Interested In Volunteering : ❒ At Hospital/Foundation ❒ Special Events ❒ Working Remotely/From Home

Last Name: ____________________ First Name: ________________ Middle Name: _____ Birth Month/Day/Year: ____-___-___
Address: ________________________ City/State/Zip: ______________________
Home Phone: (____) _______ - _______ Cell Phone: (____) _______ - _______ E-Mail Address: ____________________
Year-Round Resident? ❒ Yes ❒ No If no, list available months________________________
Emergency Contact: ________________________ Relationship: __________________
Home Phone: (____) ______ - _______ Cell Phone: (____) _______ - _______ Work Phone: (____) ______ - ________

Are you currently a student? ❒ Yes ❒ No **If yes,** where? ________________________

Previous Volunteer or Paid Employment Experience: ________________________

Hobbies, Skills, or Special Interests: ________________________

Have you volunteered at Jennie Edmundson Hospital in the past? ❒ Yes ❒ No **If yes,** when and in what capacity? ________________________

How were you referred to Jennie Edmundson Hospital? ________________________

Have you ever been convicted of a misdemeanor or felony? ❒ Yes ❒ No **If yes**, please explain: ________________________

Do you need verification of your Jennie Edmundson Volunteer hours for a requirement? ❒ Yes ❒ No **If yes,** where, and why? ________________________

________________________ Contact person: ________________________

Are you fluent in any language(s) other than English? ❒ Yes ❒ No **If yes,** which one(s)? ________________________

Indicate Preferred Days & Hours

	M	*T*	*W*	*TH*	*F*	*SAT*	*SUN*
Morn							
Aft							
Eve							

Volunteer Areas of Interest: (check all that apply)

❒ Lobby / Information Desks / Waiting Rooms	*Office Work*	*Emergency Department*
❒ Gift Shop or Employee Pharmacy Annex	*Special Events*	*Newsletter / Creative Writing*
Fundraising / Donor Engagement	*Social Media / Marketing*	*Sewing Committee*

VOLUNTEER STATEMENT: I wish to donate my services to Jennie Edmundson Hospital and understand there is no payment for services rendered as a volunteer at Jennie Edmundson Hospital. I understand that any false or incomplete statements on this application or any other form that I complete shall be sufficient cause for rejection for volunteering or immediate discharge when discovered. I understand that the Hospital and Volunteer Staff may take photographs of me for publications or other uses. I agree to abide by the rules, regulations and policies of the Hospital department in which I serve and Volunteer Services Department. I further understand confidentiality must be maintained concerning patient and family information. I understand that if I do not abide by the Hospital Department and Volunteer Services Department rules, regulations and policies, that I will be terminated from the volunteer program. Effective November 2006, Methodist Health System has adopted a tobacco free policy on all campuses. I understand if I am accepted as a Volunteer, it may be contingent on successfully passing a post offer drug test. Some affiliates require criminal background checks. Some positions require various registry checks, as well.

Volunteer Signature: ________________________________ Date: ______________