



158 Hospital Drive Carthage, TN 37030

*An Equal Opportunity Employer*

## VOLUNTEER APPLICATION

We are pleased that you are interested in volunteering with us. We offer equal opportunities to all persons without regard to race, color, religion, age, sex, national origin, disability (physical and/or mental) handicap or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Please complete this form in ink in your own handwriting. Answer all questions fully, since statements made by you will be checked for accuracy. Your completed application will be reviewed carefully, but its receipt does not imply that you will be selected. Consideration for selection necessitates that you must meet all qualifications required.

DATE \_\_\_\_\_ SS# \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**NOTE:** To allow a full background check, please list any additional addresses you have lived in the last seven years.

\_\_\_\_\_

Relatives Volunteering at or Employed with HHS? \_\_\_ Yes \_\_\_ No

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

Department/Facility: \_\_\_\_\_

**AVAILABILITY**

Date available to begin? \_\_\_\_\_

During which hours are you available for volunteer assignments?

\_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings      What day(s)? \_\_\_\_\_

**INTERESTS**

Tell us what type of work you think you would be interested in volunteering:

\_\_\_\_\_

**SPECIAL SKILLS OR QUALIFICATIONS**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE:**

Summarize your previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

**Current or Previous Employment:**

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Titles and Duties: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Education (Please Circle): 8<sup>th</sup> grade      HS – 1 2 3 4      College – 1 2 3 4      Graduate – 1 2

Military Service: \_\_\_ Yes \_\_\_ No      Branch of Service: \_\_\_\_\_

Have you ever pled guilty or been convicted of a misdemeanor or felony crime or had a judgment withheld? \_\_\_ No \_\_\_ Yes (please explain): \_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations that may affect Volunteer Placement: \_\_\_ No \_\_\_ Yes (please explain) \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**AGREEMENT AND SIGNATURE:**

The undersigned applicant agrees, if selected to volunteer by HighPoint Health System to abide by all hospital rules and regulations. Permission is granted to this facility to investigate previous employment, educational background, references, and medical history. I release from liability or responsibility all persons, places of business, and municipalities supplying such information. I certify that the above statements are made truthfully and realize that falsification may result in dismissal. I understand that if I am selected, my service will be subject to a satisfactory investigation report, satisfactory check of my references and satisfactory pre-placement screening.

I understand that any volunteering relationship with the hospital is on an "at will" nature which means that the volunteer may resign at any time and the hospital may discharge volunteer at any time with or without cause.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Completed applications can be submitted in one of the following ways:**

- E-mail to [Flo.Agee@LPNT.net](mailto:Flo.Agee@LPNT.net)
- Fax to 615-735-5143
- Mailed to:
  - RRMC
  - Attn: Flo Agee
  - 158 Hospital Drive
  - Carthage, TN 37030