



Adult Volunteer Application John Randolph Medical Center

Name: _____
(Last) (First) (M.I.) (Nickname)

Address: _____

(City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Social Security #: _____ Birthday: _____

Education: _____ Special Training: _____

Occupation: _____ Employer: _____

In Case of Emergency, Notify: _____

Telephone: _____ Relationship: _____

Previous Volunteer Experience: _____

Reason for Volunteering: _____

Community Affiliations: _____

Make of Automobile: _____ Color: _____ Plate#: _____



Please check general areas of interest below. See Volunteer Assignments Sheet (separate page).

- Patient Care Areas _____
- Visitor Assistance _____
- Greeter _____
- Gift Shop _____
- Clerical _____

Please check preferred days and hours:

- 8:00 a.m. – 12:00 p.m. _____ 12:00 noon – 4:00 p.m. _____ 5:00 p.m. – 7:00 p.m. _____
- Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
- Saturday _____ Sunday _____

I hereby apply for volunteer service with John Randolph Medical Center. I understand and agree to comply with the requirements and regulations of the Medical Center and to consider all privileged information concerning the hospital, its patients and staff strictly confidential. I will take all criticisms and problems to the Director of Patient Support Services. If it is felt in the best interest of the Medical Center, I can be relieved of all of my volunteer responsibilities.

I give permission to John Randolph Medical Center to use my picture or likeness, which may be taken at the hospital, activity or event for use in advertising, promotional materials, website display, posters or publications.

Signature

Date