

# VOLUNTEER APPLICATION

**PLEASE PRINT/TYPE (Must be at least 16 years of age to volunteer on-campus)**

**Harrison Memorial Hospital DOES NOT ACCEPT COURT ORDERED COMMUNITY SERVICE HOURS.**

Date: \_\_\_\_\_  Off-Campus Volunteer  On-Campus Volunteer

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_\_ Age: \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Texting Available?  Yes  No

Email: \_\_\_\_\_ (list only if checked daily)

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Are you volunteering to fulfill a school/community commitment?  Yes  No. If yes, how many hours do you need? \_\_\_\_\_

Do you have a relative currently volunteering/working at HMH? If yes, list name: \_\_\_\_\_

**Education/Interests:**

Highest grade completed: \_\_\_\_\_ Name of High School \_\_\_\_\_

University/College: \_\_\_\_\_ Years Attended \_\_\_\_\_ Degree Earned \_\_\_\_\_

List any additional training, skills or career interests that would assist us in placing you:

\_\_\_\_\_

Can you speak a foreign language?  Yes  No If yes, what language? \_\_\_\_\_

**Volunteer/Employment History:** Are you employed?  Yes  No

If yes, where? \_\_\_\_\_

Description of Duties \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact #: \_\_\_\_\_

Have you ever volunteered or been employed at this hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate date \_\_\_\_\_ and department \_\_\_\_\_

Are you currently a volunteer anywhere else? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact #: \_\_\_\_\_

Do you have any conditions that would prevent you from performing the essential function of a volunteer position with or without reasonable accommodation?  Yes  No If yes, please state: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state offense (**NOTE: A conviction will not necessarily disqualify you from volunteering**)

\_\_\_\_\_

If you are interested in the medical field please state your interest below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal References (IF A TEEN VOLUNTEER MUST list 1 TEACHER/COUNSELOR & 1 ADULT):**

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Availability**

Please indicate the day(s) and time(s) you are interested in volunteering: \_\_\_\_\_

How soon could you report to volunteer? \_\_\_\_\_ Place/Department of Interest \_\_\_\_\_

Comments: \_\_\_\_\_

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I understand that (please check):

- I will be required to participate in a **criminal records check prior to my volunteer service** . This background check is conducted to ascertain whether I have been convicted of certain crimes or violations which could disqualify me from eligibility for volunteer service.
- A 2 Step TB screening, Flu vaccine, Hep B vaccine (if working in patient care area) and Tdap (if working near infants) will be done prior to volunteering (free of charge).
- If accepted, I am required to take a urine drug screen on the day of my interview. Not complying with this requirement is automatic denial to volunteer and I will be ineligible to apply for 1 year.
- I may be drug screened at any time during my volunteer position at HMH.
- Services as a volunteer are donated without expectation of compensation or future employment by HMH.
- Any benefits offered to volunteers may be changed or removed at any point in time. Volunteer services are rendered for humanitarian, religious, or other charitable reasons.
- I am granting permission for the references listed on the previous page and/or agencies to release information to the HMH
- HMH is a tobacco-free environment throughout its main campus and all of its affiliated sites extending to campus grounds, including the parking lots.
- As a part of the volunteer placement, volunteers are required to wear the official volunteer badge as designated by the Volunteer Services Department and abide by the established dress code.
- Either HMH or I may terminate our volunteer relationship at any time, either with or without cause, and also with or without advanced notice.
- The facts set forth in my application for volunteer service are true and complete and I understand false statements, answers or omissions on this application shall be sufficient cause for non-consideration for placement or for dismissal after volunteer placement.

This organization is not obligated to provide a placement, nor are you obligated to accept the position offered.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Please return to Human Resources or mail to:

Crystle Arnold, Volunteer Program, 1210 KY Highway 36 E, Cynthiana, KY 41031

[carnold@hmhosp.org](mailto:carnold@hmhosp.org) or 859.235.3509

**If possible, please bring a copy of:**

- 2 Step TB Skin test (if within last 12 months)**
- Hepatitis B Vaccine**
- MMR Vaccination**
- Flu Vaccine (if within last 12 months)**
- TDAP Vaccine**