

VOLUNTEER APPLICATION

If you are interested in volunteering at Cumberland River Hospital, please complete this form and then print it. Remember to sign it and then fax to 931-243-5114.

You can also mail the form to: Cumberland River Hospital, c/o Daphine Roach, 100 Old Jefferson Street, Celina, TN 38551.

LAST NAME	MI	FIRST NAME	DATE	
ADDRESS		CITY	STATE	ZIP
HOME PHONE <i>(include area code)</i>	CELL PHONE <i>(include area code)</i>		WORK PHONE <i>(include area code)</i>	
BIRTHDAY (Month/Day)	SOCIAL SECURITY NUMBER		EMAIL ADDRESS	
IF PRESENTLY EMPLOYED, NAME OF FIRM				
POSITION		WORK HOURS & DAYS		
WORK EXPERIENCE				

EMERGENCY CONTACT	RELATIONSHIP	HOME PHONE <i>(include area code)</i>	WORK PHONE <i>(include area code)</i>	
LIST THREE (3) REFERENCES (Please do not list relatives)				
1. NAME		PHONE <i>(include area code)</i>		
ADDRESS	CITY	STATE	ZIP	
2. NAME		PHONE <i>(include area code)</i>		
ADDRESS	CITY	STATE	ZIP	
3. NAME		PHONE <i>(include area code)</i>		
ADDRESS	CITY	STATE	ZIP	
HIGHEST LEVEL OF EDUCATION & DEGREE COMPLETED		NAME OF SCHOOL/UNIVERSITY		

HOW LONG CAN YOU MAKE A COMMITMENT:						
<input type="checkbox"/> 3 MONTHS	<input type="checkbox"/> 6 MONTHS	<input type="checkbox"/> 12 MONTHS	<input type="checkbox"/> INDEFINITE			
DAYS AVAILABLE:						
<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY
TIMES AVAILABLE:						
<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> EVENING	<input type="checkbox"/> ALL DAY			

HOW DID YOU LEARN OF OUR VOLUNTEER PROGRAM?

ANOTHER VOLUNTEER (Name)

OTHER (Please indicate)

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE

SPECIAL AREA OF INTEREST IN VOLUNTEERING

TYPE OF VOLUNTEER WORK PREFERRED

INFORMATION DESK

SURGERY/ICU WAITING ROOM

PATIENT ESCORT

VISITATION

WHERE NEEDED

CLERICAL/OFFICE SUPPORT

PERSONAL SKILLS (to use or teach)

CROCHETING

SEWING

KNITTING

CRAFTS

FOREIGN LANGUAGE (specify language):

OTHER (specify):

HOBBIES / SPECIAL INTEREST

WOULD YOU LIKE TO HELP WITH SPECIAL EVENTS? (fundraising, recruiting, health fairs) YES NO

The above information is accurate and correct to the best of my knowledge. The Volunteer Services Department is not obligated to provide placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the Auxiliary application, please make that fact known to the individual processing your application.

SIGNATURE

DATE

FOR OFFICE USE ONLY

Date Received _____ Interview Date _____ Interview Time _____ Background Check _____

Orientation _____ TB Skin Test _____ ID Badge # _____ Hire Date _____

Department Name _____ Day _____ Shift _____

Comments: _____

