



**Please Check One**

Adult (over 18; not in school)

College Student

High School Senior

# Volunteer Services Department

## Application for Volunteer Service

Have you volunteered with us before?

Yes      No

Already placed?

Department \_\_\_\_\_

Contact Person \_\_\_\_\_

*We appreciate your interest in volunteering with Wake Forest Baptist Health. We are sincerely interested in your qualifications to serve our patients and families. Questions on this application are asked for the sole purpose of considering you for volunteer service. We do not discriminate on the basis of race, religion, sex, national origin, age, or handicap status.*

<b>Full Name</b> (no initials)											
<b>Present Home/School Address</b>											
<b>Daytime Phone (local)</b> (    )    -	<b>Home Phone</b> (    )    -	<b>Cell Phone</b> (    )    -	<b>E-Mail Address</b>								
<b>Employer/Company Name</b>											
<b>If considered a student, please list school and current year.</b>											
<b>How did you learn about Volunteer Services?</b> (check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">WFBH Volunteer/Employee</td> <td style="width: 25%;">Newspaper</td> <td style="width: 25%;">Academic Advisor</td> <td style="width: 25%;">Friend/Family Member</td> </tr> <tr> <td>WFBH Web Site</td> <td>Direct Mail</td> <td>Church/Civic Organization</td> <td>Other</td> </tr> </table>				WFBH Volunteer/Employee	Newspaper	Academic Advisor	Friend/Family Member	WFBH Web Site	Direct Mail	Church/Civic Organization	Other
WFBH Volunteer/Employee	Newspaper	Academic Advisor	Friend/Family Member								
WFBH Web Site	Direct Mail	Church/Civic Organization	Other								
<b>Why do you want to become a Volunteer?</b>											
<b>Describe any volunteer-related limitations, physical or emotional.</b>											

## References

Please list two personal, educational or job references whom we may contact.

Name	Address	City/State	Occupation	Phone Number
				- -
				- -

- |   |     |    |     |    |
|---|-----|----|-----|----|
| Have you even been convicted of a crime other than a minor traffic violation?                                   | Yes | No |     |    |
| Have you ever paid for a worthless check in the office of a Clerk of Court to resolve any violation of the law? |     |    | Yes | No |
| Have you ever paid a fine or restitution in the office of a Clerk of Court to resolve any violation of the law? |     |    | Yes | No |

***If yes to any of the previous three questions above, please explain. (Yes does not automatically disqualify you from volunteering.)***

**Please Read the Following Statements Carefully:**

In submitting and signing this application, I understand that my application will be reviewed by the Director of Volunteer Services. **If I am selected for an interview, I will be notified by phone.**

**Commitment**

- I must provide a minimum of 3 ½ - 4 hours of service once per week, for at least three months.
- If I am a college student, I must commit to a minimum of at least one semester and complete 40 hours of volunteer service.
- It is required that I complete the three-month commitment for a school or job reference.
- It is my responsibility to get the necessary transportation to and from volunteering.
- I understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines.

**Training/Health**

- A volunteer orientation and health screen is required within two weeks of my volunteer placement.
- All current required immunizations will be given to me unless documented proof is submitted to Employee Health.
- I must undergo an update of the TB skin test and in-service review annually.
- **If there is cause for concern**, I will consent and agree to voluntarily provide body fluid (blood and/or urine) samples for drug and/or alcohol screening in accordance with Medical Center policy.
- The results of such screenings may be released to the Medical Center, and the results may be used to make decisions concerning my involvement with the Medical Center.
- I will be required to attend two on-the-job training sessions. Management will follow-up with me within a reasonable amount of time to ensure that the placement is satisfactory.

**Acknowledgement of Hospital Criminal Record Checks**

- Criminal record checks will be performed on every applicant volunteering at Wake Forest Baptist Health.
  - If the information that I have furnished on this form is found to be false, I could be disqualified/dismissed.
- I hereby apply to become a Volunteer at Wake Forest Baptist Health, to abide by my commitment, to keep all patients' information strictly confidential, and comply with all rules and regulations.

By checking this box, I verify that the statements given on this application are true and accurate to the best of my knowledge.