

TriStar Hendersonville

MEDICAL CENTER

To Whom It May Concern:

Thank you for your interest in becoming a Volunteer at TriStar Hendersonville Medical Center. Should you become a Volunteer, I am confident you will find your work here rewarding and full of purpose. Additionally, we have an exciting staff of Volunteers who offer care and compassion to our patient care.

After you have completed the application, please return to me with two letters of reference. We will proceed ahead!

Again, thank you for your awareness for the “gift” of giving back to our community.

Sincerely,

Dalton Bowman
Volunteer Services Coordinator

TriStar Hendersonville

MEDICAL CENTER

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

Phone Number: _____ Birth date: _____

Email Address: _____

Social Security Number: _____

Spouse Name: _____

Person to notify in case of emergency:

Name: _____ Phone: _____

Current Employment Information:

Name of Employer: _____

Address: _____

Phone Number: _____ Length of employment _____

Have you ever been convicted of a crime? _____ Yes _____ No If yes, please explain:

Volunteer Experience:

Place of Service: _____ Date of Service: _____

Place of Service: _____ Date of Service: _____

List any special skills you have (typing, computer, etc.)

Hobbies: _____

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Are you able to perform all duties required of a volunteer? List limitations, if any.

Employment Experience:

Place of Employment; _____

Dates of Employment; _____

Place of Employment: _____

Dates of Employment: _____

Place of Employment: _____

Dates of Employment: _____

References:

Please list two personal references that we may call about your volunteer interest:

Name _____ Phone _____

Name _____ Phone _____

Name of family doctor: _____

How did you become interested in our Volunteer program? _____

Please list the days and times you would be available for volunteer work.

Please note that a GED or High School diploma is required.

We also ask for two letters of reference to accompany this application. These are personal references from your minister, neighbor, co-worker or friend. We will also ask for your consent to have a background check done as part of the application process. Prior criminal conviction may not prevent you from getting the volunteer position. However, falsifying your volunteer application is grounds for withdrawal of a volunteer job offer or termination. (Only complete applications will be accepted.)

TRISTAR HENDERSONVILLE MEDICAL CENTER VOLUNTEER ACCEPTANCE FORM

If accepted as a volunteer at TriStar Hendersonville Medical Center, I agree that:

I shall hold as ABSOLUTELY CONFIDENTIAL all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and I will not seek to obtain confidential information from a patient.

My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious and/or charitable reasons.

I shall not sell or attempt to sell goods or services, request contribution, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Coordinator of Volunteer Services to engage in these activities.

I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service. I hereby authorize my physician(s) to furnish the hospital with information concerning my health. I also authorize the person(s) performing tests or x-ray films to report the results to the hospital.

I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.

I shall attempt to resolve any problems related to my volunteer activities with the involved individuals and, if unsuccessful, attempt to resolve any such problems with the Coordinator of Volunteer Services.

I shall deter any negative attitudes or gossip within my department.

I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept and following the guidelines set forth in the Volunteer handbook.

I shall at all times uphold the philosophy, mission, and standards of the hospital.

I understand that the Volunteer Services department reserves the right to terminate my volunteer status as a result of a) failure to comply with hospital policies, rules and regulations; b) unsatisfactory attitude, work or appearance; c) absences without prior notification; or d) any other circumstances which, in the judgment of the department coordinator, would make my continued service as a volunteer contrary to the best interest of the hospital.

I have read the above conditions and I agree to be bound by them.

Volunteer Signature

Date

Revised July 2016