

## Huntsville Memorial Hospital

### Volunteer Application Form

---

We appreciate your interest in volunteering with Huntsville Memorial Hospital (HMH).

Volunteers support the hospital's mission to provide exceptional care to every patient, every day, with a spirit of warmth, compassion and personal pride. Volunteers are an important part of the HMH family and we welcome new members who are compassionate, caring, and professional.

The 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.

Once you have completed the volunteer application, please return it to the Volunteer Desk along with:

- a. A letter of reference/recommendation
- b. Immunization records (if available)

➤ **Once your application has been reviewed, you will be contacted to schedule an interview and to further discuss our volunteer opportunities and your availability.**

Thank you,

*Kathy Hudson*

Kathy Hudson  
Volunteer Liaison  
Kathy.hudson@huntsvillememorial.com  
936.291.4599





# Volunteer Application Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Education/Skills: \_\_\_\_\_

Languages Spoken (other than English): \_\_\_\_\_

Work Experience: \_\_\_\_\_

What are your reasons for wanting to become a volunteer? \_\_\_\_\_  
\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

What prompted you to inquire about our volunteer program?  
\_\_\_ A Volunteer \_\_\_ Website \_\_\_ Newspaper \_\_\_ Other \_\_\_\_\_

Referred by/Personal Reference: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## SKILLS:

List any special skills such as clerical skills, retail sale skills, computer skills, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VOLUNTEER AVAILABILITY

Monday	___ Morning	___ Afternoon	___ Evening
Tuesday	___ Morning	___ Afternoon	___ Evening
Wednesday	___ Morning	___ Afternoon	___ Evening
Thursday	___ Morning	___ Afternoon	___ Evening
Friday	___ Morning	___ Afternoon	___ Evening
Saturday	___ Morning	___ Afternoon	___ Evening
Sunday	___ Morning	___ Afternoon	___ Evening

**SERVICE AREAS OF INTEREST**

✚ Every effort will be made to assign you to your first preference but is based on where you may be needed for day.

<input type="checkbox"/> Outpatient Surgery Volunteers usually work 1 shift a week from 6:30 am until the end of surgery (around 1:00 pm).	<input type="checkbox"/> Gift Shop The shop is open daily from 8:30 am to 4:30 pm with - ideally - two volunteers in each of the four hour shifts.	<input type="checkbox"/> Volunteer Information Desk Our Volunteers usually work in pairs in 2 half day shifts: 8:30 am to 12:30 pm and 12:30 pm to 4:30 pm daily.
<input type="checkbox"/> Emergency Department Assist staff, patients, and families with information flow and hospitality measures, stocking supplies, and other duties as requested by the staff	<input type="checkbox"/> Office Clerical Type Work May involve copying, faxing, running errands between departments	

**BACKGROUND/HEALTH REQUIREMENTS**

Once your application is reviewed, the Liaison will schedule an appointment to meet with you at the hospital to discuss our program as well as get to know you.

Requirements will include a background check, PPD (TB skin test). The Health Nurse will require proof that you have received certain immunizations (mumps, rubella, etc.). These requirements are provided free of charge by Huntsville Memorial Hospital.

**VOLUNTEER AGREEMENT**

I have read and agree to all the above. The above information is accurate and correct to the best of my knowledge. I understand the volunteer service department is not obligated to provide placement, nor am I obligated to accept the position offered.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

- I authorize investigation of all statements contained in this application.
- I understand that background checks are required of all new applicants.
- I understand and agree that as a Volunteer, I am expected to comply with the rules and regulations of Huntsville Memorial Hospital and the Volunteer Department at all times.
- I understand and agree that as a volunteer, I am to abide by the dress code established by HMH Volunteers while on duty.
- I understand the first three months of volunteering is considered a training and a probationary period.
- I understand that in the course of my volunteer duties I might learn privileged information of a medical, financial, or personal nature, and that all such information must be treated as strictly confidential.
- I agree not to disclose any information I learn about patients or their family members to anyone as per the Confidentiality Agreement.. I also agree that any conversations I may have with staff about patients or their families in the course of my duties will be held in private where they cannot be overheard.
- I understand that unauthorized disclosure of confidential information will be grounds for immediate termination of volunteer service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HMH USE ONLY:**

Interview date: \_\_\_\_\_ Comments: \_\_\_\_\_

---

Date of Service: \_\_\_\_\_ Hours/Days of Service: \_\_\_\_\_

---

Birthday: \_\_\_\_\_ Personal Physician/Phone: \_\_\_\_\_

Person to Notify in Case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_