



Volunteer Application

We Welcome Applicants of Any Race, Color, Sex, Age, Religion, Creed, Disability, Ancestry, or National Origin

Name (last, first, middle) _____ Phone (home) _____ Phone (work) _____ Date _____

Other name under which you previously volunteered/worked _____ Email Address _____

Address (street, city, state, zip) _____ Social Security Number _____

Personal Information

Education (circle last year completed)

Grade – 6 7 8 High – 1 2 3 4 College – 1 2 3 4 College Attending _____

Degree _____ Other (vocational, technical, etc.) _____

Employment (list last or current place of employment)

Employer _____ Department _____ From _____ To _____

Employer Address _____

Job Description _____

Previous and Present Volunteer Experience

Personal References (not relatives)

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Miscellaneous Information

How were you referred to West Chester Hospital? Friend Relative Other

Interests, hobbies, skills or special training _____

Is there a specific area in which you would like to volunteer? _____

What day(s) are best for you? _____ What time(s)? _____

Previously volunteered/employed by any hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when:	Last position held: Location:
Relatives volunteered/employed by West Chester Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relative's Name: Relationship:	Position:

Health Information

Date of birth _____ Health limitations _____

Are you under a physician's care Yes No Name of physician _____



Volunteer Application

Security Check

Other than minor traffic violations, have you ever been convicted of any crime, including misdemeanors for which you received a ticket? Yes No

If the answer is yes, furnish the details of the conviction, the offense, location, date, and sentence. A conviction record will be conducted. A record will not necessarily be a bar of service.

Date of conviction:

1.	Month	Year	City and State	Charge Disposition
2.	Month	Year	City and State	Charge Disposition

Non-Smoking

West Chester Hospital is committed to providing a safe and healthy workplace and to promoting the health and well-being of its employees. Consistent with this commitment, the hospital prohibits smoking on its hospital grounds.

Signature

I certify that all of my answers and statements are complete and true. I hereby authorize my references to furnish complete and honest information to the hospital. I realize that falsification or omission of any information, receipt of a poor reference, or a conviction record may be cause for withdrawal of any volunteer offer. I understand that this application is not a contract for service. I also understand and agree that, if accepted, my service would be for a mutually agreed period of time.

I have read and understand the above information. _____ (signature of applicant)

As a volunteer at West Chester Hospital:

1. I will be punctual and conscientious in the fulfillment of my duties, and if for any reason I cannot serve at the assigned time, I will notify the volunteer services department.
2. I will conduct myself with dignity, courtesy and consideration.
3. I will consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor or any member of the staff and will not seek information in regard to a patient.
4. I will take any problems, criticism or suggestions to the volunteer services department.
5. I will endeavor to make my work of the highest quality.
6. I will uphold the standards and policies of the hospital.
7. I will attend any hospital/volunteer department continuing education programs which will help me improve my service to the hospital, and which are required.
8. I understand that failure to comply with the above could result in termination.

Signature _____ Date _____

To be completed by Volunteer Services

Interviewed by _____ Starting Date _____

Reference Check _____

Police Check _____

Comments and evaluations _____

Reason for leaving _____

Volunteer assignment(s) _____

Day(s) scheduled _____ Time scheduled _____

Trainer _____ Orientation _____

I.D. _____ Other _____