

# VOLUNTEER APPLICATION FORM



## DOSHER MEMORIAL HOSPITAL VOLUNTEERS

P.O. Box 11121 Southport, NC 28461

Volunteers are a vital part of our team at Doshier Memorial Hospital. Volunteering is essential in providing the optimum care for patients. Each task performed by a volunteer allows staff to spend more time on patient care. Thank you for inquiring about our volunteer program. Questions on the application are to help us place you where both your interests and the needs and of the hospital and patients may best be met.

Application Date: \_\_\_\_\_

### **PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street

City/State/Zip \_\_\_\_\_

How long have you lived in Brunswick County? \_\_\_\_\_ Are you a full time resident? \_\_\_\_\_

If you have resided in Brunswick County less than 2 years, what was your previous address?

\_\_\_\_\_  
(Street) (City/State/Zip)

Telephone#: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever worked here before? Yes  No  If Yes, When/Where? \_\_\_\_\_

Are you age 18 or older? Yes  No  (You must be an adult to volunteer with the Doshier Hospital Volunteers.)

Have you ever been convicted of a any crime(s)? Yes  No

If Yes, Please explain: \_\_\_\_\_

\_\_\_\_\_



Present or Past Occupation(s) if retired:

\_\_\_\_\_

If you speak a foreign language fluently, please indicate: \_\_\_\_\_

Do you currently volunteer for other organizations? \_\_\_\_\_

Do you have past related hospital/nursing/healthcare professional experience? (Please indicate type and areas)

\_\_\_\_\_

\_\_\_\_\_

Any special interests, preferences or talents? \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

The Doshier Memorial Hospital Volunteers are not obligated to utilize your services as a volunteer nor are you obligated to accept the assignment offered. All Volunteers agree to complete an Orientation prior to service that will outline the services, rules and regulations, and applicable policies and procedures that may apply to your service. Our service is based on consistency and dependence on each other.

Opportunities for volunteering are provided without regard to religion, creed, race, national origin, age, sex, or disability. All volunteers are subject to the Bylaws of the Volunteers, Hospital and the policies and procedures as outlined in your Orientation. All Volunteers must complete Orientation prior to service. A minimum of 40 hours per year and attendance at one meeting per year is required to maintain Active Volunteer status.

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

THANK YOU! WE WILL BE IN TOUCH WHEN WE CAN ADD YOU TO OUR ORIENTATION SESSIONS.

FOR OFFICE USE ONLY:	
Orientation Date:	
Placement Areas:	

(Rev 071321)