



Ashe Memorial Hospital

VOLUNTEER APPLICATION

Date: _____

Name: _____ Preferred Name: _____

Present Address: _____ Social Security # _____

City _____ State _____ Zip _____

Telephone Number: _____ Email Address: _____

How did you hear about our Volunteer Program? _____

Why do you want to volunteer? _____

Have you ever worked or volunteered for Ashe Memorial Hospital? _____

Days and hours of week available

	SUN	TUE	WED	THU	FRI	SAT	SUN
A.M.							
P.M.							

4 hr. blocks of time: (8:00 am -12:00 pm) (12:00 pm -4:00 pm) (4:00 pm – 8:00 pm)

Indicate in what areas you would like to volunteer:

- Front Desk
- Gift Shop
- Floor Volunteer
- Emergency Department Desk
- Mountain Hearts
- Other, Please List: _____

Education/Special Training:

Work Experience:

Personal References (*not relatives*):

Name & Occupation

Address

Phone Number

Were you ever charged or convicted of any criminal charge other than traffic violations? Yes No
If yes, Explain: _____

Acceptance into the Volunteer Services Program will be conditional in nature, pending the results of the applicant's Criminal Background Check (CBC) and Substance Abuse Screening. The facility in its sole discretion will decide whether to convert the volunteer's status from conditional to regular after reviewing the contents of the CBC.

I hereby certify that the information contained in this Application form is true and correct, and I authorize the Ashe Memorial Hospital to contact the references listed above for the purpose of collecting information and an account of their experience with me.

I understand that if I am accepted into the Ashe Memorial Hospital Volunteer Program, any misrepresentation of the facts stated or implied in this Application is sufficient cause for dismissal.

The Agreement does not bind either party for any specific period regarding Volunteer service.

DATE: _____

SIGNATURE _____