

Adult Application

Date: _____

EMORY JOHNS CREEK HOSPITAL

6325 Hospital Parkway, Johns Creek, GA 30097

Phone: 678.474.8017

Fax: 678.474.8317

VOLUNTEER APPLICATION

(Please do not complete this application if you are a high school or college student)

Personal Information

Applicant's Name: _____
Last First M.I.

Phone: _____ Cell: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Name: _____

Work Address: _____
Street City Zip

Are you 18 years or older? _____ Male _____ Female _____

Skills

Language(s) you speak (other than English): _____

Special Education or Training: _____

Special Skills or Hobbies: _____

Availability

Please indicate which 4-hour shift(s) you would be available to work

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8:00 am – 12 Noon)							
Afternoon (12 Noon – 4:00 pm)							
Evening (4:00 pm – 8:00 pm)							
Other							

Area of Interest

_____ Hospitality (Greeter, Patient Escort, Wait Room Ambassador)

_____ Service Area (Admissions, ICU, Emergency, Mother/Baby, Day Surgery)

_____ Gift Shop

_____ Clerical (filing, copying, answering phones)

Emergency Information

Name of Person to Notify in Case of Emergency: _____

Daytime Phone: _____ Evening Phone: _____ Relationship: _____

Personal References (Please list two people other than relatives)

1) Name: _____ Relationship: _____

Address: _____
Street *City* *State* *Zip*

Daytime Phone: _____ Evening Phone: _____

2) Name: _____ Relationship: _____

Address: _____
Street *City* *State* *Zip*

Daytime Phone: _____ Evening Phone: _____

General Information

How did you hear about our Volunteer Program? _____

Have you had previous hospital volunteer experience? Yes No

If yes, please describe: _____

Have you ever been convicted of a felony? Yes No

If yes, list date, offense, and disposition of each such conviction. (Convictions are not automatic disqualifications from volunteer service) _____

Do you belong to any club or organization that you think may benefit from a visit from our staff to share with them information about volunteering? If yes, please list the name of the organization and, if possible, a telephone number and contact person.

Applicant Statement

Please read the following, and sign below:

- *I certify that all information provided in this application is true and correct to the best of my knowledge.*
- *I understand that I am volunteering my services free of charge and do not expect monetary compensation or employment.*
- *I understand that, as a volunteer, I must join the volunteer auxiliary. Membership dues to the volunteer auxiliary are payable annually. Active membership: Currently \$20 per year with a pledge to work 100 hours per year.*
- *I understand that I will be required to attend additional orientation classes in order to be fully informed about health and safety regulations at EJCH.*
- *I understand and authorize EJCH to complete immunization screenings before I can serve as a volunteer.*
- *I understand that any falsification or significant omission of any information requested herein will be considered sufficient cause to terminate my volunteer status without prior warning at any time during my service with EJCH.*

Applicant's Signature: _____ ***Date:*** _____