



Novant Health Franklin Medical Center

Volunteer Auxiliary Program Application

Date of application: _____

Novant Health Franklin Medical Center considers qualified applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status.

Name: _____

Address: _____

Phone: _____ Birth date: _____

In case of an emergency, who should we notify?

Name: _____ Relation: _____

Phone: _____

1. Have you ever worked as a volunteer? YES NO

If so, which hospital and what were your responsibilities?

2. Have you ever been employed by a hospital? YES NO



Novant Health Franklin Medical Center

If so, which hospital and what was your job description?

3. Are you currently employed? If so, please state the name of your Employer and your responsibilities?

4. Do you have any type of volunteer experience other than that in a hospital setting?

YES NO If so, please explain: _____

5. Do you have any special talents or abilities that we should know about? If so, please list:

6. Do you have a specific area in which you would like to work?

- | | |
|-----------------|------------------------------|
| _____Admitting | _____Clerical Duties |
| _____Lobby Desk | _____Maximum Patient Contact |
| _____Gift Shop | _____Minimal Patient Contact |

7. How many hours a week do you plan to volunteer? _____

8. What days would you prefer to volunteer? _____

9. Would you prefer a morning or afternoon shift? _____

10. How did you hear about our volunteer program?

Please list two (2) references that we may contact (no relatives, please) Include



Novant Health Franklin Medical Center

address and a phone number where they can be reached.

1.

2.

- I will endeavor to give at least 8 hours per month to Franklin Medical Center.
- I understand if I miss two consecutive assignments without notifying the volunteer officer, I will be considered inactive.
- I will abide by the rules and ethics described in the Volunteer Handbook, to keep all patient information strictly confidential, and to comply with all rules and regulations of the hospital.

Applicant Signature

Date