



**SOUTHEAST ALABAMA  
MEDICAL CENTER**

**FOR OFFICE USE ONLY:**

Interview: \_\_\_\_\_

EHW: \_\_\_\_\_

Orientation: \_\_\_\_\_

## Adult Application for Volunteer Services

Today's Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Prior Work Experience (last two (2) employers)

1. Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Approximate Dates of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Approximate Dates of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Educational background:

\_\_\_\_\_

**Do you have any skills or specialized training?** \_\_\_ Yes \_\_\_ No

\_\_\_ Computer \_\_\_ Typing \_\_\_ Clerical \_\_\_ Telephone \_\_\_ Calculator \_\_\_

If yes, please elaborate:

\_\_\_\_\_

**How did you hear about SAMC's volunteer program?**

\_\_\_ Advertising – Magazine - Newspaper – TV where? \_\_\_\_\_

\_\_\_ Family/Friend - Name of person who referred you: \_\_\_\_\_

\_\_\_ SAMC Website

\_\_\_ Other - \_\_\_\_\_

**Are you related to anyone working for the Medical Center?** \_\_\_ Yes \_\_\_ No

If yes, please give name, relationship and department:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Department \_\_\_\_\_

**Prior Volunteer Experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been employed by Southeast Alabama Medical Center?** \_\_\_ Yes \_\_\_ No

If yes, when? \_\_\_\_\_ What department? \_\_\_\_\_

**Have you ever been employed at any other hospital?** \_\_\_ Yes \_\_\_ No

Hospital: \_\_\_\_\_ Dept.: \_\_\_\_\_

**Are you available for regularly scheduled assignments?** \_\_\_ Yes \_\_\_ No

Preferred days \_\_\_\_\_ Preferred hours \_\_\_\_\_

Volunteers are required to serve a minimum of 4 hours per week.

**Do you have a preference for a specific are of services?** \_\_\_ Yes \_\_\_ No If yes, what area?

\_\_\_\_\_

**It is hospital policy that all employees and volunteers have a health screening provided by our Employee Health and Wellness Nurse prior to beginning service in the hospital. This includes height, weight, blood pressure along with a TB skin test and drug test.**

Do you agree to have this test? \_\_\_ Yes \_\_\_ No

**Person to notify in case of an emergency**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**References:**

Please list three (3) references (personal or professional) other than family members:

- 1. \_\_\_\_\_  
Name                                      Address                                      Phone Number
  
- 2. \_\_\_\_\_  
Name                                      Address                                      Phone Number
  
- 3. \_\_\_\_\_  
Name                                      Address                                      Phone Number

**Authorization to Release Information**

I hereby authorize my personal references and former employers to furnish Southeast Alabama Medical Center with any information they may have concerning my employment history or me. Any and all individuals connected with the release of this information, including the Medical Center, are released from all liability for any damage whatsoever incurred in providing such information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Have you ever been convicted of a law violation other than a minor traffic violation? \_\_\_ Yes \_\_\_ No

Type of Offense: \_\_\_\_\_

\_\_\_\_\_

Date of Conviction: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

*Note: A conviction does not necessarily bar you from volunteering.  
The Medical Center performs a criminal background check on employees as well as its volunteers. I understand that if I falsify information on my application it will disqualify me from consideration for volunteer service.*



## **Volunteer Confidentiality Statement**

As a volunteer at Southeast Alabama Medical Center, I may be exposed to patient information as well as information regarding hospital employees. I hereby agree to maintain the confidentiality of all such information obtained during the discharge of my duties as a volunteer at the hospital. I further agree to refrain from disclosing any confidential information to third parties, except as authorized by the governing board of the hospital or as required by law.

I understand that my breach of this agreement contained herein or my unauthorized disclosure of any confidential information could result in my termination as a volunteer at Southeast Alabama Medical Center.

Signed on: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Printed Name of Volunteer

## **Probationary Period of Service**

It is the policy of Southeast Alabama Medical Center that all new volunteers serve a probationary period of at least ninety (90) days from the initial date of service. The probationary period is considered a test period to help determine whether the volunteer and the service area are suitable for each other.

At the end of the 90 day probationary period, the Director of Volunteers may recommend that the volunteer become a full time volunteer. If the Director is unable to recommend making the individual a regular volunteer (based on job performance or any other reason), the volunteer will be terminated from the volunteer program.

At any point during the probationary period, the volunteer may be dismissed if it is determined that he/she is unable or unwilling to perform his/her duties satisfactorily or if for any other reason he/she is found to be unsuitable for continuing to volunteer at the Medical Center.

If accepted, following the interview, I hereby agree to devote at least 6 months to volunteering at Southeast Alabama Medical Center.

I understand the policy as outlined above.

Signed: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_