



Application for Volunteer Appointment

Service area(s) for which you are applying:

- | | |
|---|--|
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Health & Wellness Center |
| <input type="checkbox"/> Child Life/Pediatrics | <input type="checkbox"/> Pediatric Day Hospital |
| <input type="checkbox"/> Outpatient Pharmacy | <input type="checkbox"/> Family Waiting Room |
| <input type="checkbox"/> Complex Medicine | <input type="checkbox"/> PT/OT/Speech Therapy |
| <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> 9A/Neuroscience |
| <input type="checkbox"/> Point of Care Lab | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Transport | <input type="checkbox"/> 7C/Oncology |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Dispatch/Information Desk |
| <input type="checkbox"/> ACE Unit (Adult Care for the Elderly)* | <input type="checkbox"/> Get Well Network |
| <input type="checkbox"/> Gift Shop | |

*These areas require additional training provided by the Unit.

Name: _____ Date: _____

Street: _____ Apt.: _____

City: _____ State: _____ ZIP: _____

Daytime phone: () - Ext _____ Evening phone: () - _____

Mobile phone: () - _____ Email: _____

Do you have relatives currently employed by TGH? Yes No

If yes, Name: _____ Relationship: _____ Dept.: _____

Have you ever worked for TGH or volunteered at TGH? Yes No

If yes, from: _____ to: _____ Dept: _____ Title: _____

Occupation/business title: _____

Place of employment: _____

How did you learn about volunteering at TGH? _____

Emergency contact name: _____

Relationship: _____ Phone: _____

Have you EVER been convicted of a crime, plead guilty, nolo contendere (no contest) or had adjudication withheld? Yes No

If yes, give dates, nature and final disposition of each:

A criminal conviction will be considered only as it applies to the position for which you are applying. The seriousness, nature of the offense, time elapsed and rehabilitation will be taken into account.

Are you applying to volunteer as a result of a court order? Yes No



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Special Skills

Languages other than English: _____

Other skills: _____

Volunteer Experience

Please list organizations and activities in which you have been active:

Why are you interested in volunteering at TGH?

I certify that the answers given by me are true, accurate and complete. I authorize the investigation of all statements or information that I have made on this volunteer application. I understand that any misrepresentation or omission of facts requested from this application is cause for disqualification from the volunteer process. I understand that by submitting an application I am 18 years of age and out of high school, and that I am applying for a volunteer appointment and that this is not an application for, or a contract of, employment, and that, if appointed, I will submit to an annual health screening and hospital orientation and that I will also take required training where applicable. I understand that volunteer applicants are expected to provide either 80 hours or 6 months of continuous services to TGH.

Applicant signature: _____ Date: _____