



VOLUNTEER APPLICATION

Please indicate which level of care you are most interested in volunteering:

The Summit Independent Living _____
1400 Enterprise Drive, Lynchburg

The Summit Assisted Living _____
1320 Enterprise Drive, Lynchburg

The Summit Health and Rehab _____
1300 Enterprise Drive, Lynchburg

PLEASE PRINT:

DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP)

HOW LONG HAVE YOU BEEN AT THIS ADDRESS? _____

IF LESS THAN 2 YEARS, WHERE DID YOU LIVE BEFORE THIS ADDRESS? _____

DATE OF BIRTH: _____ (Teens must be 14 years old to volunteer)

TELEPHONE: HOME () _____ WORK () _____

CELL () _____

SOCIAL SECURITY # or DRIVER'S LICENSE # _____

E-MAIL ADDRESS: _____

Emergency Contact: _____ **Relationship:** _____

Their phone #: _____ **Address:** _____

Primary Care Physician _____ **Phone #** _____

PERSONAL INFORMATION:

Share a bit of information about yourself – what do you enjoy? _____

Other organizations to which you belong: _____

Have you volunteered before? _____ Where? _____

Have you ever been an employee of Centra? _____

Have you previously applied to volunteer at Centra? _____

Centra Facility/Hospital at which you would like to volunteer? _____

EDUCATION:

High School Graduate? Yes _____ No _____ College Graduate? Yes _____ No _____

If a college graduate, areas of study: _____

Highest level/degree obtained: _____

Other professional training/licensure: _____

If you are in school now, please provide the name of your school and the year you plan to graduate: _____

Is volunteer work a requirement of your school? _____

Will you be available year round? _____

EMPLOYMENT

Employer: _____ Phone Number: _____

Full/Part-time? _____

Retired from: _____ Occupation: _____

REFERENCES (2 Non-related) – Please furnish names and contact information:

(Name) (Street) (City) (State) (Zip) (Phone)

Email Address

(Name) (Street) (City) (State) (Zip) (Phone)

Email Address

SCHEDULE AVAILABILITY:

Days of the week you are available:

____ **Sunday**
____ **Monday**
____ **Tuesday**
____ **Wednesday**
____ **Thursday**
____ **Friday**
____ **Saturday**

Time(s) of the day you are available:

____ **Morning 9 am**
____ **Afternoon 12 noon**
____ **Late afternoon 3 pm**
____ **Evening 6 pm**

CONVICTION HISTORY: (This information is strictly confidential)

Have you ever been convicted of a felony? _____ If yes, please explain: _____

Have you ever been ordered to perform court-ordered community service? _____

A CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED.

APPLICANT'S CERTIFICATION AND AGREEMENT:

I certify that the information given by me in the application is true and complete in all respects and understand any falsifications or omissions shall be sufficient cause for dismissal from or refusal of volunteer status.

I authorize my former employers, and persons listed as references on this application to furnish any information concerning my personal character, habits, employment record, and previous volunteer experience. I release all such persons from any liability or damages incurred as a result of responding to our inquiry and furnished this information to us.

If accepted as a volunteer, I may terminate my volunteer service at any time without notice or cause. Likewise, the Volunteer Services Department may terminate or modify the relationship at any time without notice or cause.

Applicant's Signature

Date

Interviewer's Signature

Date



The purpose of Volunteer Services is to serve Centra in a positive manner, to enhance the well-being of patients and to support the Hospital staff.

- I understand that due to the expended investment of time and financial resources in the on boarding and training of new volunteers, Volunteer Services requests a minimum of 50 hrs. per year commitment from volunteers. Volunteer Services may refer perspective volunteers to other community volunteer programs if the minimum time requested is not possible.
- I understand that in the course of my volunteer week I may be exposed to information of a confidential nature pertaining to patients and/or their families. I will consider as confidential all information which I may hear directly or indirectly, and will not seek information in regard to a patient, except as it pertains to my volunteer assignment. I agree to uphold the traditions and standards of this hospital and to safeguard its reputation by maintaining the highest standards of confidentiality.
- I agree to be punctual and to make an effort to obtain a substitute if I am unable to be at my assigned location when scheduled. I will keep the Volunteer Services office informed regarding this. If I am absent for more than four (4) scheduled shifts without prior notification, the Volunteer Office reserves the right to terminate my status.
- I agree to adhere to the department's sign in/sign out procedures each time that I volunteer.
- I agree not to engage in any manner of religious, commercial or political solicitation while in the hospital or on hospital property.
- I agree to dress appropriately while working as a volunteer which includes a clean, pressed uniform, and hospital identification badge.
- I agree to uphold the Customer Service Standards as outlined in my orientation (safety, confidentiality, teamwork, professional behavior, and accountability).
- I understand that the Department of Volunteer Services reserves the right to dismiss my volunteer status at any time without notice or cause as a result of (a) failure to comply with organizational policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the sole judgment of the department staff, would make my continued service as a volunteer contrary to the best interests of the organization.

I have read each of the above conditions, and I agree to be bound by them.

VOLUNTEER'S SIGNATURE: _____ DATE: _____

IF VOLUNTEER IS UNDER 18 YEARS OF AGE:

PARENT'S SIGNATURE: _____ DATE: _____

VOLUNTEER SERVICES MANAGER: _____ DATE: _____