



Campbell County Health

Excellence Every Day

Volunteer Services Application

Date of Application: _____

Date of Birth: _____

Name: _____

Preferred Name: _____

Address: _____

Home Phone: _____
Cell Phone: _____
Work Phone: _____

Email address: _____

Person to notify in case of emergency: _____ Phone: _____

Relationship: _____

How did you hear of our volunteer program? _____

Name and number of someone who may want to volunteer: _____

Do you have special qualifications or experience that could be utilized (i.e. speak a foreign language, sign language, retail experience): _____

Special training, trade, interests: _____

Do you have any physical limitations? _____

Current/Previous Employment and/or Volunteer Work:		
Employer/Organization	When/how long	Job title/Scope of work
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been convicted on ANY criminal offense within the last 10 years (including Juvenile convictions)?

Yes No

If yes, please explain on the back of this form.

NOTE: A criminal background check will be completed on every applicant.

Volunteer Services Application

- Specific areas of interest:**
- Chaplain Services
 - Hospice
 - Child Care
 - Abider Services
 - Legacy (Activities)
 - Nutrition Services
 - Country Store
 - Information Desk
 - Office/Clerical
 - EMS
 - Gift Shoppe
 - Special Projects
 - Patient & Family Advisory Council

As a volunteer, you are considered a member of the Campbell County Health team, and as such, you have certain responsibilities to the hospital and its patients: to observe the same code of ethics as those on the professional staff, to adhere to the hospital's policies and procedures and to uphold patient confidentiality.

By my signature below, I further understand that I certify all statements made on this application to be true, correct and complete to the best of my knowledge and made in good faith. I authorize a reference and criminal background check.

I have been provided with and understand that I am required to abide by all rules and regulations of Campbell County Health. Prior to beginning an active volunteer assignment, I am required to have a one-time TB test at no charge to me (with exception of international travel.)

Print Name: _____

Applicant Signature: _____

Date: _____

Received by: _____

Date: _____