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BE A HELPING HAND.  
**BE A VOLUNTEER.**

# Volunteer Application

## Personal Information

Name (Last, First, Middle) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip

( )

( )

( )

Home Phone

Cell Phone

Work Phone

E-mail Address \_\_\_\_\_

Employment Status:  Employed  Retired  Unemployed

Current or Last Place of Employment \_\_\_\_\_

Current or Last Occupation \_\_\_\_\_

## Previous Experience

As a Volunteer: \_\_\_\_\_

\_\_\_\_\_

As a Paid Employee: \_\_\_\_\_

\_\_\_\_\_

Have you ever been employed by/volunteered at Mission Hospital?  Yes  No If yes, list position and dates:

\_\_\_\_\_

\_\_\_\_\_

Do you have any relatives employed at Mission Hospital?  Yes  No If yes, list names and relationships:

\_\_\_\_\_

\_\_\_\_\_

Are you presently enrolled at a school or university?  Yes  No If yes, list school and course of study:

\_\_\_\_\_

Have you ever been dismissed or forced to resign from any job or volunteer position?  Yes  No If yes, please explain:

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Have you ever been at any time convicted of or plead guilty to a felony or misdemeanor, including traffic violations?  Yes  No

If yes, please indicate nature of offense, date, location and disposition of case:  
*A conviction record will not necessarily be a ban on your acceptance as a volunteer.*

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## Interests and Skills

Please check all that apply. This information helps us learn more about your background.

- Clerical skills (i.e., use of copier, filing, phone receptionist, typing, etc.)
- Cash register/retail sales
- Customer service
- Computer skills (please list): \_\_\_\_\_
- Fluent in a language other than English (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

## Preferences

Please check all that apply.

- No patient interaction
- Limited patient interaction
- Extensive patient interaction
- Limited visitor interaction
- Extensive visitor interaction
- Participating in fundraising events
- Solitary work projects
- Assignment with no physical activity
- Assignment with limited physical activity
- Assignment with extensive physical activity
- Light computer data entry
- Extensive computer assignment
- Short-term special projects
- Clerical projects/work

Any ideas about specific volunteer placement areas?

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## How did you hear of us?

- General knowledge
- Internet
- Former patient
- Brochure
- Newspaper
- TV
- Volunteer: \_\_\_\_\_
- Employee: \_\_\_\_\_
- Other: \_\_\_\_\_

## Agreement

*I hereby certify that the answers on this application and any resultant interviews are true and correct, and that any misrepresentation or omission of facts, or misleading or false information on my part will be grounds for dismissal as a volunteer.*

*Acceptance as a volunteer is contingent upon satisfactory references, verification of the information submitted on this application and a criminal record check. I, therefore, authorize you to make such investigations and inquiries you deem necessary in arriving at a decision.*

*I acknowledge and agree that I am not obligated, if called upon, to perform the volunteer services herein applied for, and Mission Hospital Volunteer Services is not obligated to assign or actively seek to assign volunteer services for me.*

*I authorize that all employers, schools or references thus contacted be released from all liability in answering inquiries related to my application.*

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Signature

Date

Opportunities for volunteers are provided without regard to race, color, age, sex, religion, national origin, sexual orientation, disability or veteran status.

*Thank you for your interest in the Mission Hospital Volunteer Program!*



**VOLUNTEER SERVICES**



# Vaccine Questionnaire

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Name (Last, First, Middle)

Please print clearly.

## Question 1

Were you born before January 1, 1957?  Yes  No If yes, skip to Question 3.

## Question 2

Do you have a vaccine record with verification of two MMR vaccines OR one vaccine for Mumps, one for Rubella (German Measles) and two vaccines for Rubeola (Red Measles)?  Yes  No

If yes, please provide a copy of the record to Volunteer Services.

If no, please contact your personal physician to get an MMR titer to verify immunity, and provide confirmation to Volunteer Services.

## Question 3

Have you had the chicken pox?  Yes  No

If yes, please enter approximate date or age: \_\_\_\_\_

If no, have you had the chicken pox (varicella) vaccine?  Yes  No

If yes, please provide a copy of the record to Volunteer Services.

If you have no history of the disease and have not been vaccinated for it, please contact your personal physician to get a chicken pox (varicella) titer to verify immunity, and provide confirmation of immunity to Volunteer Services.

## Question 4

Have you had the influenza vaccination this year?  Yes  No

If yes, please provide a copy of the record to Volunteer Services.

If no, please mandatory influenza vaccinations will be available at Staff Health Services.

I verify this information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## NOTES:

- You will not be allowed to begin volunteering until copies of records or proof of immunity are on file with the Volunteer Services Office if required as a result of answers provided in the questionnaire above.
- Annual TB skin tests are highly recommended for volunteers, unless you have previously tested positive. If you have ever had a positive test, please do not take the skin test, but instead complete a questionnaire annually. After initial testing upon entry into the volunteer program (mandatory), volunteers will be notified to update their test annually.
- A flu vaccine is mandatory for volunteers annually.** It is available at no charge at Mission Staff Health and is usually available by mid to late October for the coming flu season.
- Tetanus vaccines should be updated every 10 years.



## Applicant Disclosure and Consent for Background Investigation

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For security purposes, all applicants for volunteer positions within Mission Health System (Mission) must undergo a background check before any volunteer duties can be performed. This background check will consist of a criminal record search, sex offender search, validation of current and previous names and addresses, and validation of Social Security number.

If Mission intends to deny your application for these volunteer duties based on the findings of the report, you will be provided with a copy of the background report and contact information for the agency that provided the report to Mission. The personal information provided by you will be used solely for the purpose of obtaining your background check. This information and the resulting report will be kept confidential and under strict control at all times by both Mission and the agency that provided the report.

I hereby authorize Mission to perform a background check relating to me as described above through an agency of Mission's choice. I understand and agree that the information contained in the background check will be used solely for the purpose of determining my eligibility to perform volunteer duties with Mission. To assist Mission in obtaining this background check, I have provided the following information:

\_\_\_\_\_  
Full Name (Please print)

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Cell Phone

Please list all previous names up to and including your present name for the last 10 years. (Include maiden name, previous married names, aliases, etc.)

Name	Year First Used

Please list current address and all previous addresses for the past 10 years. (PO Boxes are acceptable.)

Address (Street, City, State, County)	Date (From-To)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **Submission Instructions**

Please submit completed application (including Criminal Background Check Consent Form and Vaccination Questionnaire) to:

Mission Hospital  
Volunteer Services  
509 Biltmore Avenue  
Asheville, NC 28801  
Fax: 828-213-1054