



BE A KIND VOICE.
BE A CARING LISTENER.
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:

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.

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?

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.

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 of immunity 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.

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

 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, volunteers will be notified during their birthday month to go to Staff Health for annual testing.
- Flu vaccines are offered to volunteers annually, at no charge, through Staff Health and are usually available by mid to late October. Information will be posted when they become available.
- Tetanus vaccines should be updated every 10 years.

Submission Instructions

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

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