

**ATLANTIC GENERAL HOSPITAL AUXILIARY
ADULT VOLUNTEER APPLICATION**



PLEASE PRINT

Name: _____ Nick Name: _____

First Middle Initial Last

Application Date: _____

Home Address: _____
 _____ (Zip code)

Home Phone: _____ Cell Phone: _____

Date of Birth ___/___/___ Email: _____

Name and contact information of an emergency contact:

Name: _____ Relation: _____

Primary Phone #: _____ Secondary Phone #: _____

Are you currently employed? Yes No

If yes, please list current employer: _____

Have you worked as a volunteer before? Yes No

If yes, where: _____ Year(s): _____

What were your responsibilities/service areas? _____

Which service area, what year and reason for leaving? _____

Are there any restrictions or limitations on your activity? If so, please explain.

Office Use Only (initial when each item completed)			Mbr Coord: _____
Orientation: _____			Dept Coord: _____
Member Type: _____	Start Date: _____	Badge / Empl #: _____	AGH File: _____
Service Area: _____	Dues: _____	Flu Shot: _____	Joyce: _____
Dept: _____	Uniforms: _____	Health Assessment _____	Health _____
Tour: _____	Packet : _____	Misc: _____	Kronos _____
Background Check Submitted _____	Accepted _____		Drug Screen _____
College Student Only: Last day _____			Background _____

** Part-Time Alternate Address: _____ Alternate Phone _____

ADULT VOLUNTEER APPLICATION - Continued

Have you ever been convicted, plead guilty, plead no contender, or forfeited bond to a violation of any federal, state, county or municipal law, regulation or ordinance other than motor traffic violations?

Yes No

If "yes", please explain. *(The existence of a criminal record does not constitute an automatic bar to volunteer placement):*

Capabilities and experience:

Please summarize skills, abilities or talents you have to offer as a volunteer (typing, computer skills, languages, etc.):

Check days preferred: Sun Mon Tues Wed Thu Fri Sat

Time of day preference: Morning Afternoon Evening

AGH Functional interest(s):

Emergency Dept Information Desk Independent Services Surgical Liaison

Ambulatory Surgery Registration Information Thrift Shop Mail Room

Ancillary Pharmacy Retired Nurse Volunteer Cancer Center

Barrett Bldg/Lobby Greeter

Other areas: _____

I understand that Atlantic General Hospital (AGH) reserves the right to accept or reject my application at its sole discretion and that the above statements made in this application are true. I understand that my service will be in accordance with the general personnel policies and guidelines of AGH and that AGH may, at their expense conduct a background check and drug testing . I further understand that I may quit at any time with or without cause and should the Volunteer Coordinator feel that the interests of the AGH are best served by relieving me of my assignment or transferring me to another area, I agree to accept the decision as final. Believing that AGH has a real need of my services as a volunteer who serves without pay, I will uphold the Mission and Values of Atlantic General Hospital.

Signature: _____

Date: _____

Return completed application and make check for dues payable to:

Atlantic General Hospital Auxiliary
c/o Volunteer Coordinator
9733 Healthway Drive
Berlin, MD 21811