

ATLANTIC GENERAL HOSPITAL AUXILIARY ADULT VOLUNTEER APPLICATION



PLEASE PRINT

Name: _____ Application Date: _____

Home Address: _____
_____ (Zip code)

Home Phone: _____ Cell Phone: _____

Birth Month _____ 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: _____ | Start Date: _____ | Badge #: _____ | Database: _____ |
| Service Area: _____ | PPD Test: _____ | Employee #: _____ | Dept Coord: _____ |
| Dues: _____ | Uniforms: _____ | Job Description: _____ | AGH File: _____ |
| Tour: _____ | Packet: _____ | Misc: _____ | |

Notes:

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):

☐ Events ☐ Emergency Dept ☐ Clerical ☐ Satellite Clinics ☐ Surgical Liaison

☐ Ambulatory Surgery ☐ Reception/Visitor Contact ☐ Thrift Shop

☐ Fundraising ☐ We Care ☐ Gift Shop ☐ Retired Nurse Volunteer

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. 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