VOLUNTEER APPLICATION FORM

Volunteers are a vital part of our team at Dosher Memorial Hospital. Volunteering is essential in providing the optimum care for patients. Each task performed by a volunteer allows staff to spend more time on patient care. Thank you for inquiring about our volunteer program. Questions on the application are to help us place you where both your interests and the needs of the hospital and patients may best be met.

Application Date: ____________________________

PLEASE PRINT CLEARLY

Name: ______________________________________, ______________________________________, ____________________________________

Last                                      First                                      Middle

Present Address: ____________________________________________

Street

City/State/Zip ________________________________

How long have you lived in Brunswick County? ___________ Are you a full time resident? __________

If you have resided in Brunswick County less than 2 years, what was your previous address?

__________________________ (Street) ____________________________ (City/State/Zip)

Telephone#: (home) ____________________________ (cell) ____________________________

E-mail Address: ____________________________________________

How did you hear about us? ____________________________________________

Have you ever worked here before? Yes ☐ No ☐ If Yes, When/Where? ____________________________

Are you age 18 or older? Yes ☐ No ☐ (You must be an adult to volunteer with the Dosher Hospital Volunteers.)

Have you ever been convicted of a any crime(s)? Yes ☐ No ☐

If Yes, Please explain: ____________________________________________

__________________________________________
Present or Past Occupation(s) if retired:
________________________________________________________________________

If you speak a foreign language fluently, please indicate: __________________________________________

Do you currently volunteer for other organizations? ________________________________________________

Do you have past related hospital/nursing/healthcare professional experience? (Please indicate type and areas)
________________________________________________________________________

________________________________________________________________________

Any special interests, preferences or talents? ______________________________________________________
________________________________________________________________________

________________________________________________________________________

EMERGENCY CONTACT: ___________________________________________________ PHONE: __________________

RELATIONSHIP: ________________________________________________________________

The Dosher Memorial Hospital Volunteers are not obligated to utilize your services as a volunteer nor are you obligated to accept the assignment offered. All Volunteers agree to complete an Orientation prior to service that will outline the services, rules and regulations, and applicable policies and procedures that may apply to your service. Our service is based on consistency and dependence on each other.

Opportunities for volunteering are provided without regard to religion, creed, race, national origin, age, sex, or disability. All volunteers are subject to the Bylaws of the Volunteers, Hospital and the policies and procedures as outlined in your Orientation. All Volunteers must complete Orientation prior to service. A minimum of 40 hours per year and attendance at one meeting per year is required to maintain Active Volunteer status.

PRINTED NAME: ____________________________________________) DATE: _________________

SIGNATURE: _______________________________________________________________________

THANK YOU! WE WILL BE IN TOUCH WHEN WE CAN ADD YOU TO OUR ORIENTATION SESSIONS.

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<th>FOR OFFICE USE ONLY:</th>
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<tr>
<td>Orientation Date:</td>
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<td>Placement Areas:</td>
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(Rev 071321)