

## Application for Volunteer Services

Name:		DOB (optional):	
Retired <input type="checkbox"/>	Employed <input type="checkbox"/>	Employer/Title:	
Address:			
Street	City	State	Zip
Home Phone:		Cell Phone:	
Email Address:			
Emergency Contact:			
Relationship:		Phone:	
Interested in Receiving Memorial Foundation E-news: <input type="checkbox"/> Yes <input type="checkbox"/> No			

How did you hear about this volunteer opportunity?

What are your expectations for volunteer service?

What are your areas of interest within the hospital?

Education/Degree/Special Training/Work Experience:

Previous volunteer experience:

Physical limitations/activity restrictions:

Number of Hours Per Shift:	Number of Days Per Month:
Preferred Time(s) of Day: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	Day(s) of Week: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Location: <input type="checkbox"/> Memorial Hospital - Chattanooga <input type="checkbox"/> MemorialHospital - North Georgia <input type="checkbox"/> Memorial Hospital - Hixson <input type="checkbox"/> Ooltewah	
Personal Interests/Skills: <input type="checkbox"/> Music <input type="checkbox"/> Reading <input type="checkbox"/> Filing <input type="checkbox"/> Computers <input type="checkbox"/> Aerobics/Excercise <input type="checkbox"/> Outdoors <input type="checkbox"/> Receptionist Work <input type="checkbox"/> Other:	

Please turn over and complete page 2

**AS A VOLUNTEER, I UNDERSTAND AND AGREE TO THE FOLLOWING:**

- I cannot expect pay or services as compensation for my service as a volunteer.
- I will attend Volunteer Orientation, annual in-service training and all other required training sessions, as applicable.
- I will meet all hospital and regulatory requirements, as they apply to my assigned duties.
- I will consider my volunteer work as a firm commitment, reporting on time each day I am scheduled unless I am ill, in an emergency situation or on a planned vacation. In those cases, I will notify my Supervisor giving as much notice as possible.
- I will notify the Director of Volunteer Services of any desired assignment change, of prolonged absences or if I wish to resign my position.
- I will commit to volunteering at CommonSpirit - Memorial Hospital a minimum of 40 hours in a 12 month period.
- For your protection and to help prevent the spread of infection, flu shots are provided and required for all volunteers and staff. I will receive the vaccine or provide documentation of vaccination; if unable to receive the flu shot, I will wear a mask for the entirety of the flu season as determined by the CommonSpirit - Memorial Hospital Employee Health Department or suspend my volunteer service during the determined flu season.*
- I will wear the appropriate uniform and shoes and will adhere to the Volunteer personal hygiene and dress guidelines at all times.
- I will adhere to the CommonSpirit - Memorial Hospital Social Media and Personal Cell Phone Use policy. It is prohibited to take photos or videos of patients and to post, share or discuss any patient related information on social media platforms and the internet. *(Full policy available in the volunteer handbook.)*
- I will adhere to the CommonSpirit - Memorial Hospital Violence-Free Workplace policy. CommonSpirit - Memorial Hospital strives to maintain a working environment free from violence and intimidation. All weapons are prohibited in all CommonSpirit facilities and on all CommonSpirit owned or leased property. *(The only exception is for authorized law enforcement officers.)*

I hereby give permission for the use of my name and photograph for volunteer publicity purposes without receiving compensations.  Yes  No

**STUDENTS:** We provide volunteer opportunities for high school and college students age 16 and older during the summer. Applications for the summer program are available each year beginning in March. Please contact us for this application or any other inquiries regarding student volunteer opportunities.

Applicant Signature	Date:
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Return completed application to:  
CommonSpirit - Memorial Hospital, Volunteer Services  
2525 de Sales Ave.  
Chattanooga, TN 37404

Or email to: [tessa.long@commonspirit.org](mailto:tessa.long@commonspirit.org)

PH: (423) 495-8610    FX: (423) 495-4149