

VOLUNTEER APPLICATION
Northwest Hospital Center
5401 Old Court Road
Randallstown, MD 21133
410-521-5911

Date _____ Soc Sec No _____

Name Mr/Mrs/Ms _____ Date of Birth(opt) _____

Address _____
Street City State Zip Code

Home Phone (410) _____ Work/School Phone (410) _____
Cell Phone _____

Education Level High School 1 2 3 4 College 1 2 3 4 Other _____

Current School or Place of Work _____

Work or Volunteer Experience/Skills _____

Personal Physician _____ Phone (410) _____

Person to Notify in an Emergency _____ Phone (410) _____

Relationship of the Person to You _____

Friend or Relative working at Northwest Hospital Center _____

Times Available ___ Morning ___ Afternoon ___ Evening ___ Weekend ___ Flexible
Days Available ___ Sun ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat

Have you been or are you currently in a substance abuse rehabilitation program? ___ Yes ___ No

Are you required to do Volunteer Work by Court Order? ___ Yes ___ No

Are you under charges, arrest or have you been convicted of a criminal offense? ___ Yes ___ No

List any charges, arrests or convictions and the disposition of each. _____

References (Not family members - one reference should be from work or volunteering)

Name _____ Name _____

Address _____ Address _____

Phone (410) _____ Phone (410) _____

The information supplied on this application is true and complete to the best of my knowledge. I understand that falsification by omission or commission will result in denial of the opportunity to volunteer at Northwest Hospital Center. My signature authorizes reference checks and verification of any information as necessary.

Applicant's Signature

Date

Volunteer Application - Page 2

Hospital rules and ethics apply to Volunteers the same as to the professional staff. Violations of Customer Service Standards, release or sharing of patient information and/or hospital business and non-compliance with other Hospital policies and procedures can result in counseling and possible termination from an assigned position.

As a Northwest Hospital Center Volunteer I understand and agree to:

- **Be punctual and conscientious in the performance of assigned duties**
- **Commit to at least 100 hours of service annually**
- **Conduct myself with dignity, courtesy and respect for others utilizing Northwest Hospital Center Customer Service Standards**
- **Comply with the standards, policies and procedures of the Volunteer Services Department and Northwest Hospital Center**
- **Discuss concerns and complaints with the Director of Volunteer Services or my immediate Supervisor**
- **Attend required Volunteer education programs**
- **Adhere to the medical requirements of Northwest Hospital Center**
- **Portray a positive Volunteer presence by compliance with the Volunteer Services Department dress code**
- **Wear my Hospital identification badge while on duty**

Applicant's Signature

Date

All information recorded on this Application is confidential and is utilized only for the Northwest Hospital Center Volunteer Services Department.

Revised 12/19/2003