

Application for Volunteer Services

ADULT ☐ Employed ☐ Retired

STUDENT ☐ College ☐ Middle/Highschool

Employer/Job Title:

School Name:

Name:	DOB:
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 Chattanooga <input type="checkbox"/> Memorial Georgia <input type="checkbox"/> Memorial Hixson <input type="checkbox"/> Ooltweah	
Personal Interests/Skills: <input type="checkbox"/> Music <input type="checkbox"/> Reading <input type="checkbox"/> Filing <input type="checkbox"/> Computers <input type="checkbox"/> Aerobics/Exercise <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 CHI Memorial 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 flu season as determined by the CHI Memorial 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 CHI Memorial 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 CHI Memorial Violence-Free Workplace policy. CHI Memorial strives to maintain a working environment free from violence and intimidation. All weapons are prohibited in all CHI Memorial facilities and on all CHI Memorial 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 - Additional Information to Submit with Your Completed Application:

1. One page essay expressing why you would like to volunteer at CHI Memorial.
2. Two letters of recommendation. Letters may be from anyone except family members or peers of your own age.
3. Must commit to volunteering at CHI Memorial a minimum of 40-hours in a 12-month period

NOTE: The essay and letters of recommendation are required for students only.

Applicant Signature: _____ Date: _____

Return Completed Application to:

CHI Memorial, Volunteer Services, 2525 de Sales Ave. Chattanooga, TN 37404
tessa.long@commonspirit.org PH: 423.495.8610 FX: 423.495.4149

