

FRYE REGIONAL MEDICAL CENTER

A Duke LifePoint Hospital

Volunteer Services

Frye Regional Medical Center
420 North Center Street
Hickory, North Carolina 28601
(828) 315-3109

FRYE REGIONAL MEDICAL CENTER

A Duke LifePoint Hospital

FOR OFFICE USE ONLY

BACKGROUND ✓	__/__/__
BADGE MADE	__/__/__
UNIFORM	__/__/__
ORIENTATION DATE	__/__/__

VOLUNTEER APPLICATION

NAME _____
(LAST) (FIRST) (MIDDLE)
HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE: _____ CELL PHONE: _____
E-MAIL ADDRESS: _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE: _____
TELEPHONE HOME: _____ MOBILE: _____

PREVIOUS WORK EXPERIENCE:

(A) AS A VOLUNTEER _____

(B) AS A PAID EMPLOYEE _____

HAVE YOU EVER BEEN EMPLOYEED AT F.R.M.C. _____ IF SO, WHEN? _____

DO YOU HAVE ANY RELATIVES OR CLOSE ACQUAINTANCES AT F.R.M.C. _____

IF YES, PLEASE LIST NAME(S) AND RELATIONSHIP(S):

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM? _____

WHAT ARE YOUR REASON'S FOR WANTING TO BECOME A VOLUNTEER AT FRYE REGIONAL MEDICAL CENTER?

INTEREST/SKILLS: PLEASE INDICATE WITH A CHECK MARK WHICH YOU WOULD BE WILLING TO SHARE AS A VOLUNTEER HERE. (THE ITEMS LISTED BELOW ARE NOT SERVICE AREAS, BUT HELP PROVIDE US WITH INFORMATION FOR OUR "SKILLS BANK".)

CLERICAL SKILLS

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> TYPING | <input type="checkbox"/> FILING | <input type="checkbox"/> PHONE RECEPTIONIST | <input type="checkbox"/> OTHER(SPECIFY) |
| <input type="checkbox"/> USE OF COPIER | <input type="checkbox"/> RECORD UPDATING | <input type="checkbox"/> COMPUTER OPERIATON | |
| <input type="checkbox"/> MAILINGS | <input type="checkbox"/> ALPHABETIZING | <input type="checkbox"/> CASH REGISTER | |

COMMUNICATION SKILLS

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> PUBLIC SPEAKING | <input type="checkbox"/> PHOTOGRAPHY | <input type="checkbox"/> SIGN LANGUAGE – SKILL LEVEL _____ |
| <input type="checkbox"/> PUBLIC RELATIONS | <input type="checkbox"/> CALIGRAPHY | <input type="checkbox"/> FLUENT IN A FOREIGN LANGUAGE |
| <input type="checkbox"/> JOURNALISM | <input type="checkbox"/> SALES | SPECIFY LANGUAGE _____ |
| <input type="checkbox"/> OTHER – SPECIFY : _____ | | |

PERSONAL SKILLS TO USE OR TEACH

- | | | |
|---------------------------------|-------------------------------------|---|
| <input type="checkbox"/> CRAFTS | <input type="checkbox"/> KNITTING | <input type="checkbox"/> FLORAL ARRANGING |
| <input type="checkbox"/> SEWING | <input type="checkbox"/> CROCHETING | <input type="checkbox"/> TOUR GUIDE (SPECIFY) _____ |
| <input type="checkbox"/> BAKING | <input type="checkbox"/> NEEDLEWORK | <input type="checkbox"/> ADDITIONAL SKILLS _____ |

SERVICE AREA AND TIME PREFERENCE

PREFER NO SET DAY OR TIME – ON AN AS NEED BASIS

<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN
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<input type="checkbox"/> MORNING 9:00 A.M. – 1:00 P.M.	<input type="checkbox"/> AFTERNOON 1:00 P.M. – 5:00 P.M.	<input type="checkbox"/> EVENING 5:00 P.M. – 9:00 P.M.
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SERVICE AREAS (Please check all that are of interest)

- | | |
|--|--|
| <input type="checkbox"/> GIFT SHOP | <input type="checkbox"/> EMERGENCY DEPARTMENT |
| <input type="checkbox"/> VOLUNTEER DESK – MAIN LOBBY | <input type="checkbox"/> PATIENT CARE AREAS |
| <input type="checkbox"/> VOLUNTEER DESK (INTENSIVE CARE) | <input type="checkbox"/> HOSPITALITY HOUSE |
| <input type="checkbox"/> VOLUNTEER OFFICE | <input type="checkbox"/> MENDED HEARTS PROGRAM |

MENDED HEARTS

REFERENCES

NAME

MAILING ADDRESS

TELEPHONE #

1.

2.

3.

AGREEMENT

I HEREBY CERTIFY THAT THE ANSWERS ON THIS APPLICATION AND ANY RESULTANT INTERVIEWS ARE TRUE AND CORRECT AND THAT ANY MISREPRESENTATIONS OR OMISSIONS OF FACTS, MISLEADING OR FALSE INFORMATION ON MY PART WILL BE GROUNDS FOR DISMISSAL AS A VOLUNTEER.

ACCEPTANCE AS A VOLUNTEER IS CONTINGENT UPON SATISFACTORY REFERENCES AND VERIFICATION OF THE INFORMATION SUBMITTED ON THIS APPLICATION. I THEREFORE AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES AS YOU DEEM NECESSARY IN ARRIVING AT A DECISION TO ACCEPT ME AS A VOLUNTEER.

I AUTHORIZE THAT ALL EMPLOYERS, SCHOOLS OR REFERENCES THUS CONTACTED BE RELEASED FROM ALL LIABILITY IN ANSWERING INQUIRIES RELATED TO MY APPLICATION.

DATE

VOLUNTEER SIGNATURE

THE VOLUNTEER SERVICES DEPARTMENT IS NOT OBLIGATED TO UTILIZE YOUR SERVICES AS A VOLUNTEER NOR ARE YOU OBLIGATED TO ACCEPT THE VOLUNTEER ASSIGNMENT OFFERED. OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE, SEX, OR DISABILITY.

OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

ASSIGNMENT AREAS

SCHEDULE

BEGINNING DATE

