



Dear Sir or Madame:

Thank you for your interest in the Memorial Hospital Volunteer Auxiliary.

This program is a vital part of Memorial Health System and we value our volunteers. Many challenging and rewarding volunteer opportunities await you at Memorial. The volunteers provide numerous services that impact not only our patients, staff, and visitors but, our community.

Enclosed you will find a volunteer application. Please complete the application, including the volunteer interest form. This will help us to place you in an area that is perfect for you.

Once you have completed the form, please contact me through email at [adronet@mhg.com](mailto:adronet@mhg.com), or by phone at (228) 865-3216 to schedule a time that is convenient for you to come in. Your visit is very important to me so please make every effort to schedule an appointment so I will be able to meet with you personally.

If you have any questions or if I can assist you, please don't hesitate to contact me. I look forward to meeting you.

Thank you again for your interest in the Memorial Hospital Auxiliary.

Ann Dronet  
Volunteer Coordinator  
(228) 865-3216

# Volunteer Application

Memorial Health System is an Equal Opportunity Employer.

Memorial Health System is a non-smoking facility. Smoking is prohibited within the hospital and on the hospital campus.

## Personal Data

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Do you speak any foreign languages? ( ) No ( ) Yes-If yes, please

list \_\_\_\_\_

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

Note: Convictions include guilty pleas and pleas of nolo contendere. A conviction will not necessarily bar you from volunteer status. Each conviction will be judge on its own merits as to time, circumstances and seriousness.

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Information

Emergency contact:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_



# Volunteer Experience

Please list any previous volunteer experience \_\_\_\_\_

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## Questionnaire

1. Why are you interested in volunteering?

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2. Is there anything that may adversely affect your ability to perform volunteer duties ( ) No ( ) Yes-  
If yes, please explain

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3. Would you be interested in serving on the Auxiliary Board of Directors? ( ) No ( ) Yes

4. Please select all areas that you are interested in working in the hospital:

- |  |  |
|--|--|
| <input type="radio"/> Gift Shop              | <input type="radio"/> Vendor Sales                         |
| <input type="radio"/> Cancer Resource Center | <input type="radio"/> Cardiac Cath Lab Waiting Room        |
| <input type="radio"/> Escorts                | <input type="radio"/> Infusion Clinic (CHF) Waiting Room   |
| <input type="radio"/> Flower Delivery        | <input type="radio"/> Emergency Department                 |
| <input type="radio"/> Surgery Waiting Room   | <input type="radio"/> Pet Therapy (requires certification) |
| <input type="radio"/> Same Day Admit         | <input type="radio"/> ICU Waiting Room                     |

5. How did you hear about the Memorial Auxiliary?

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6. When can you start volunteering? \_\_\_\_\_

# Other

Please share any information you think would help us get to know you. This can be work history, hobbies, etc.

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# References

Please list two personal references other than family.

Reference 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

Reference 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

I certify that this application is correct to the best of my knowledge and understand that references will be checked.

Applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_



## If accepted as a hospital Volunteer, I agree that:

1. I shall hold absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not to seek to obtain confidential information from a patient.
2. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
3. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off hospital property or act as a runner or capper for an attorney in solicitation of business. I shall report all known occurrences of solicitation of for attorneys to the Manager of Community and Corporate Relations.
4. I shall not sell or attempt to sell goods or services, request contributions or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Manager of Community and Corporate Relations to engage in these activities.
5. I shall be punctual and conscientious; conduct with dignity, courtesy and consideration of others and endeavor to make work professional in quality.
6. I shall attempt to resolve any problems related to my Volunteer activities with the Manager of Community and Corporate Relations.
7. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
8. I shall, at all times, uphold the philosophy of the hospital.
9. I understand the Manager of Community and Corporate Relations reserves the right to terminate my Volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; (d) any other circumstances, which in the judgment of the department manager, would make my continued service as a Volunteer contrary to the best interests of the hospital.

I have read the above conditions and agree to be bound by them.

Applicant Signature: \_\_\_\_\_

