

Dear Sir or Madame:

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

This program is a vital part of Memorial Hospital 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 e-mail at adronet@mhg.com, or by phone at 228-867-5210 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 available 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.

Lauren Santa Cruz
Manager
Community and Corporate Relations
228-865-3115 lsantacruz@mhg.com

Volunteer Application

Memorial Hospital is an Equal Opportunity Employer.

Memorial Hospital 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 judged 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

Questionnaire

1. Why are you interested in volunteering?

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

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:

- Gift Shop
- Cancer Resource Center
- Escorts
- Flower Delivery
- Surgery Waiting Room
- Same Day Admit
- Vendor Sales
- Cardiac Cath Lab Waiting Room
- Infusion Clinic(CHF) Waiting Room
- Emergency Department
- Pet Therapy (requires certification)
- ICU Waiting Room

5. How did you hear about the Memorial Auxiliary?

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

References

Please list two personal references other than family.

Reference 1

Name _____ Relationship _____

Contact number _____

Reference 2

Name _____ Relationship _____

Contact number _____

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 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 the solicitation of business. I shall report all known occurrences of solicitation 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 myself with dignity, courtesy and consideration of others and endeavor to make my 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 that 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; or (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 _____