Dear Prospective Volunteer,

Thank you for your interest in volunteering at Doctors Hospital. There are many exciting opportunities available through the Volunteer Program for people who wish to contribute to our community.

**TO BECOME A VOLUNTEER AT DOCTORS HOSPITAL YOU MUST:**

• Be capable of volunteering a minimum of four hours per week.

• Complete a Volunteer Application.

• Schedule an interview with our Volunteer Coordinator.

• Pass a criminal background investigation.

• Complete Volunteer Orientation

• Complete TB Skin Testing and a Drug Screen

**WHO ARE OUR VOLUNTEERS?**

Our volunteers are individuals who willingly give their time to assist with non-patient care at Doctors Hospital. All of your kind and generous efforts add to the comfort and happiness of our patients, our staff and our visitors. Volunteers get as much as they give!

Enclosed please find the volunteer application.

Please return your completed application to:

Doctors Hospital

Human Resources Department.

3651 Wheeler Road

Augusta, GA 30909

*or*

email frances.lester@hcahealthcare.com

Our team is dedicated to making your time at our facility pleasant and rewarding. Again, thank you for your interest in giving your time to Doctors Hospital.

Sincerely,

Frances Lester

Vice President of Human Resources

# APPLICATION FOR VOLUNTEER SERVICE

Name:

 (Last) (First) (MI)

Address:

 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(

Street/Apt #

)

(

City/State

)

(

Zip

)

How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any volunteer experience you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From: | To: | Company: | Company Phone Number: | Position Held: |
| From: | To: | Company: | Company Phone Number: | Position Held: |
| From: | To: | Company: | Company Phone Number: | Position Held: |

Please indicate your area of interest:

\_\_\_\_\_Patient Information Desk \_\_\_\_\_Emergency Department

\_\_\_\_\_Surgery Waiting Room \_\_\_\_\_Women’s Services Greeter

\_\_\_\_\_Burn Center Waiting Room \_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please indicate your preference for shifts. Total number of shifts per week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday**  | **Tuesday**  | **Wednesday**  | **Thursday**  | **Friday**  | **Saturday**  | **Sunday**  |
| **8AM –12PM**  |  |  |  |  |  |  |  |
| **12PM – 4PM**  |  |  |  |  |  |  |  |
| **4PM – 8PM**  |  |  |  |  |  |  |  |

*As a volunteer, I understand that I will not be reimbursed for my services and I will regard my volunteer assignment as a serious commitment. I will respect the confidentiality of all information available to me through my volunteer position. Should my conduct or performance be deemed unsatisfactory for any reason, I agree to accept release from my volunteer assignment*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date