



VOLUNTEER APPLICATION – Adult Program (18 years and up) Please Print

Name _____ Date _____
Last First Middle

Complete Address _____
City State Zip

Home Phone _____ Cell Phone _____ Email _____

High School _____ Graduate Year _____

College _____ Degree _____ Graduate Year _____

Current Employer _____ Work Hours _____

Position _____ Work Days _____

I am interested in volunteering: Errands ___; Gift Shop ___ (main hospital, mother baby, ASCI**); CPE _____; Cuddler* _____; Anna Shaw Children’s Institute* (ASCI) ___; Peoples Cancer Institute ___ (Starbucks, Radiation, Clerical); Hospice _____

* Pertussis vaccine is required for Cuddler & ASCI position (not provided by Hamilton). Must be 25 years old to be a Cuddler.

** Circle one; if online list the one you are interested in on your application here _____

IN CASE OF EMERGENCY, WE WILL CONTACT: Name _____

Relationship _____ Phone _____ Alternate Phone _____

Name of Physician _____ Phone _____

Language Spoken: ___ English ___ Spanish ___ German ___ French ___ Tagalog _____ Other

Why are you interested in becoming a member of the Hamilton Volunteer Team? _____

Have you volunteered at Hamilton in the past? ___Yes / ___No if yes, when _____

Other Volunteer Experience _____

Hobbies, Skills, Interests and Talents _____

Best way to contact you _____

Non-Family References (please give complete information)

1) Name _____ Phone _____

Address _____
City State Zip

2) Name _____

Phone _____

Address _____

City State Zip

Our volunteer schedule offers several options. Please mark your preference by placing an "X" or a "✓" next to the day and time you would like to volunteer. We will do our best to place you on the day and time you select if we have an opening.
 (Note the 5:30 p – 8:00 p* would be Information Desk Assistant at the main entrance of the hospital):



| | 8:30 a - 11:30 a | 11:30 a - 2:30 p | 2:30 p - 5:30 p | 5:30 p - 8:00 p | 9a – 12p | 1p – 4p |
|------------------|---------------------|---------------------|--------------------|--------------------|----------|---------|
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |

ASCI hours are 9:00 a.m. – 12:00 p.m. and 1:00 p.m. – 4:00 p.m. Monday - Thursday

Several positions require moderate physical strength and/or excessive walking. Do you have physical limitations or are you under treatment that may limit your ability to perform in a voluntary capacity? ____Yes / ____No

Hamilton Medical Center request a minimum one (1) - year commitment with an agreement to serve a minimum of three (3) hours per week.

THE ABOVE INFORMATION IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT VOLUNTEERS ARE NOT COMPENSATED FOR THEIR TIME OR SERVICE DONATED, AND THAT VOLUNTEERING DOES NOT GUARANTEE EMPLOYMENT AT HAMILTON.

Hamilton Health Care System (HHCS) requirement is all Volunteers be immunized to influenza. If you are unable to receive the influenza (flu) vaccine, you will need to complete Hamilton's vaccine exemption request form each year you volunteer. If the exemption is approved, you must wear a mask and alternate badge ID while in the hospital during flu season **November 1 through March 31**.

Hamilton Health Care Systems (HHCS) offers the Covid-19 vaccine to all associates and volunteers at no cost. Associates and volunteers will be advised of our policy and provided education regarding the vaccine. An informed consent form will be signed by the associate or volunteer prior to receiving the vaccine acknowledging that he / she has been informed of known possible side effects and efficacy rate of the vaccine. Associates and volunteers who refuse the vaccine will be required to sign a waiver stating that they have been informed of their increased risk of acquiring Covid-19.

Volunteers of HHCS are subject to random drug screening. By signing my signature / electronic I understand and agree if I discontinue my volunteer service at Hamilton, I am required to turn in my badge to my supervisor immediately.

I give my consent for pre-placement testing, which may include chest x-ray, urine drug screen, TB screening, blood testing and /or other testing as deemed necessary. I also give my permission to Hamilton Health Care System to administer any first aid and/or medical treatment deemed necessary in the case of injury or illness suffered during the course and scope of service.

Signature _____

Date _____

HAMILTON MEDICAL CENTER IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED. OPPORTUNITIES ARE PROVIDED TO APPLICANTS WITHOUT REGARD TO RACE, RELIGION, CREED, NATIONAL ORIGIN, AGE OR SEX