



<b>Please Check One</b>
Adult (over 18)
College Student (Full-Time)
High School Senior

# Volunteer Services Department

## Application for Volunteer Service

Have you volunteered with us before?
Yes      No

Already placed?
Department _____
Contact Person _____

*We appreciate your interest in volunteering with Wake Forest Baptist Health. We are sincerely interested in your qualifications to serve our patients and families. Questions on this application are asked for the sole purpose of considering you for volunteer service. We do not discriminate on the basis of race, religion, sex, national origin, age, or handicap status.*

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Name You Are Called</b>
<b>Present Home/School Address</b>			
<b>Daytime Phone (local)</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>E-Mail Address</b>
<b>Employer/Company Name</b>			
If considered a student, please list school and current year.			
<b>How did you learn about Volunteer Services?</b> (check all that apply)			
<input type="checkbox"/> WFBH Volunteer/Employee	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Academic Advisor	<input type="checkbox"/> Friend/Family Member
<input type="checkbox"/> WFBH Web Site	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Church/Civic Organization	<input type="checkbox"/> Other
<b>Why do you want to become a Volunteer?</b>			
<b>Days Available to Volunteer</b>			
Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	
<b>Preferred Volunteer Shift (varies depending on service area) – generally shifts are:</b>			
8:00 am – 12:00 pm	12:00 pm – 4:00 pm	4:00 pm – 8:00 pm	8:00 pm – Midnight
<b>Describe any volunteer-related limitations, physical or emotional.</b>			

## References

Please list two personal, educational or job references whom we may contact.

Name	Address	City/State	Occupation	Phone Number

- Have you even been convicted of a crime other than a minor traffic violation?      Yes      No
- Have you ever paid for a worthless check in the office of a Clerk of Court to resolve any violation of the law?      Yes      No
- Have you ever paid a fine or restitution in the office of a Clerk of Court to resolve any violation of the law?      Yes      No

***If yes to any of the previous three questions above, please explain. (Yes does not automatically disqualify you from volunteering.)***

**Please Read the Following Statements Carefully:**

In submitting and signing this application, I understand that my application will be reviewed by the Volunteer Services staff. **If I am selected for an interview, I will be notified by phone.**

**Commitment**

- I must provide a minimum of 4 hours of service once per week, for at least 4 months.
- It is required that I complete the 4-month commitment for a school or job reference.
- It is my responsibility to get the necessary transportation to and from volunteering.
- I understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines.

**Training/Health**

- A volunteer orientation and health screen is required within two weeks of my volunteer placement.
- All current required immunizations will be given to me unless documented proof is submitted to Employee Health.
- I must undergo an update of the TB skin test and in-service review annually.
- **If there is cause for concern**, I will consent and agree to voluntarily provide body fluid (blood and/or urine) samples for drug and/or alcohol screening in accordance with Medical Center policy.
- The results of such screenings may be released to the Medical Center, and the results may be used to make decisions concerning my involvement with the Medical Center.
- I will be required to attend two on-the-job training sessions. Management will follow-up with me within a reasonable amount of time to ensure that the placement is satisfactory.

**Acknowledgement of Hospital Criminal Record Checks**

- Criminal record checks will be performed on every applicant volunteering at Wake Forest Baptist Health.
  - If the information that I have furnished on this form is found to be false, I could be disqualified/dismissed.
- I hereby apply to become a Volunteer at Wake Forest Baptist Health, to abide by my commitment, to keep all patients' information strictly confidential, and comply with all rules and regulations.

By checking this box, I verify that the statements given on this application are true and accurate to the best of my knowledge.

Type Name \_\_\_\_\_ Date \_\_\_\_\_

Instructions for completing this form:

1. Use the tab key and/or the mouse to move to the text fields. Follow the formatting instructions.

**NON-EMPLOYEE BIOGRAPHICAL AND CONTACT DETAILS**

First Name:

Middle Name:

Last Name:

Maiden Name:

Social Security Number *(last 4 digits only)*:

Date of Birth *(format mm/dd/yyyy)*:

Gender:      Female              Male

Race:       2 or more races       American Indian/Alask Native       Asian       Black/African American  
 Hispanic/Latino       Native Hawaiian/Other Pacific Islander       White  
 Other *(identify)*:

Address:      *(Street/Apt #)*

*(City)*

*(State Abbrev)*

*(5 digit Zip)*

Phone Number *(format (xxx)xxx-xxxx)*:

Phone Type:     Business     Cell     Home

Mother's first name:

Have you ever worked at Wake Forest Baptist Medical Center or its affiliates?      Yes      No

Have you ever been seen as a Patient at our Medical Center?      Yes      No

Have you ever been seen in Employee Health?      Yes      No

Do you currently have an active WFBMC badge?      Yes      No

WFBMC Email Address *(if you already have one)*:      @wakehealth.edu

Other Email Address:

**I hereby acknowledge that I have not misrepresented the information provided in this registration**

**form. Accept this      Day      of      ,**  
*(Month)      (Year in format yyyy)*

**Checking this box signifies an electronic signature.**

**Type Name:**