

**Circle Appropriate Program:**

Adult  
College Student

Date: \_\_\_\_\_

**EMORY JOHNS CREEK HOSPITAL**

6325 Hospital Parkway, Johns Creek, GA 30097

Phone: 678.474.8017

Fax: 678.474.8317

**VOLUNTEER APPLICATION**

*(Please do not complete this application if you are a high school student)*

**Personal Information**

Applicant's Name: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

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

Employer or School Name: \_\_\_\_\_

Work or School Address: \_\_\_\_\_  
*Street City Zip*

Is this volunteer service a requirement for School? \_\_\_\_  
If yes, which program? \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Skills**

Language(s) you speak (other than English): \_\_\_\_\_

Special Education or Training: \_\_\_\_\_

Special Skills or Hobbies: \_\_\_\_\_

**Availability**

*Please indicate which 4-hour shift(s) you would be available to work*

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>Morning (8:00 am – 12 Noon)</i>							
<i>Afternoon (12 Noon – 4:00 pm)</i>							
<i>Evening (4:00 pm – 8:00 pm)</i>							
<i>Other</i>							

**Area of Interest**

\_\_\_\_\_ *Hospitality (Greeter, Patient Escort, Wait Room Ambassador)*

\_\_\_\_\_ *Service Area (Admissions, ICU, Emergency, Mother/Baby, Day Surgery)*

\_\_\_\_\_ *Gift Shop*

\_\_\_\_\_ *Clerical (filing, copying, answering phones)*

**Emergency Information**

*Name of Person to Notify in Case of Emergency:* \_\_\_\_\_

*Daytime Phone:* \_\_\_\_\_ *Evening Phone:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

**Personal References (Please list two people other than relatives)**

**1)** *Name:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

*Address:* \_\_\_\_\_  
*Street* *City* *State* *Zip*

*Daytime Phone:* \_\_\_\_\_ *Evening Phone:* \_\_\_\_\_

**2)** *Name:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

*Address:* \_\_\_\_\_  
*Street* *City* *State* *Zip*

*Daytime Phone:* \_\_\_\_\_ *Evening Phone:* \_\_\_\_\_

**General Information**

*How did you hear about our Volunteer Program?* \_\_\_\_\_

*Have you had previous hospital volunteer experience?*    **Yes**    **No**

*If yes, please describe:* \_\_\_\_\_

*Have you ever been convicted of a felony?*    **Yes**    **No**

*If yes, list date, offense, and disposition of each such conviction. (Convictions are not automatic disqualifications from volunteer service)* \_\_\_\_\_

*Do you belong to any club or organization that you think may benefit from a visit from our staff to share with them information about volunteering? If yes, please list the name of the organization and, if possible, a telephone number and contact person.*

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## ***Applicant Statement***

*Please read the following, and sign below:*

- *I certify that all information provided in this application is true and correct to the best of my knowledge.*
- *I understand that I am volunteering my services free of charge and do not expect monetary compensation or employment.*
- *I understand that, as a volunteer, I must join the volunteer auxiliary. Membership dues to the volunteer auxiliary are payable annually. Active membership: Currently \$20 per year with a pledge to work 100 hours per year.*
- *I understand that I will be required to attend additional orientation classes in order to be fully informed about health and safety regulations at EJCH.*
- *I understand and authorize EJCH to complete TB screenings before I can serve as a volunteer.*
- *I understand that any falsification or significant omission of any information requested herein will be considered sufficient cause to terminate my volunteer status without prior warning at any time during my service with EJCH.*

***Applicant's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_