



Wise Health System Auxiliary Membership Application

Date: _____

Name: _____
Last First MI

Home Phone: _____ Cell Phone: _____ Email Address: _____

Address: _____
Street City, State Zip

Junior Volunteer Member

Are you at least 15 years of age and no older than 18 years of age? Yes No

Senior Volunteer Member

Are you at least 18 years of age or older? Yes No

Have you been convicted of a felony? (check appropriate box) Yes No

If yes, Please explain: _____

List any skills you have that you would like to use in your volunteer work, such as typing, computer, people contact, sewing, quilting, and etc. _____

Available on what days? (Circle) M T W TH F S SU What Hours? Morning Afternoon Evening

Most services require a 4-hour shift although other arrangements may be made as needed.

Date you can begin: _____

Check the areas of service in which you are interested:

Information Desk

To include but not limited to giving visitor information as to the location of patients in the hospital. You will have access to the patient listing on the computer and this information is confidential and should be treated as such. No information concerning the patient, other than the room they occupy, may be revealed. You will answer the phone and direct visitors to various areas of the hospital. The hours for this position are 8:00am to 12:30pm, 12:30pm to 5:00pm, and 5:00pm to 8:00pm.

Gift Shop

To include but not limited to answering phone, running cash register, stocking product, and assisting customers as needed. The hours for this position are 9:00am to 1:00pm, 1:00pm to 5:00pm, and 5:00pm to 8:00pm.

Floor Duty

This position is to serve the patients in the hospital by going room to room. The Auxiliary has a large cart that contains ice, water, juices, and soft drinks for patients. The WC Update and newspapers are available for distribution as well. The hours for this position are 9:00am to 12:30pm and 12:30pm to 5:00pm

Vending

Stocking the drink and snack machines. This position requires some strength. A variety of snacks and drinks are stocked into the machines. It's important to think about your physical limitations when you choose this position. The hours for this position are 8:00am to 12:30pm.

Popcorn Vender

This position sells popcorn in the main lobby. You are responsible for cleaning the machine and put up after your shift. The hours for this position are 9:00am to 12:00pm.



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Do you have any work restrictions regarding your interested area of service? Yes No
If yes, Please explain (i.e. physical, etc.) _____

As a volunteer member, are you willing to serve on committee or special projects? Yes No

List any prior volunteer experience _____

Why do you want to serve as a volunteer? _____

EDUCATION:

High School Graduate: _____ Yes _____ No If yes, where? _____
College: _____ Yes _____ No If yes, Area of Study? _____
Professional/Technical: _____ Yes _____ No If yes, Area of Study? _____

REFERENCES:

Please list two references of persons other than relatives who have know you at least one year:

Name: _____
Last First Phone Number Occupation

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Last First Phone Number Occupation

Employer or Former Employer _____

If employed, what are your work days and hours? _____

I release Wise Health System and its agents and any person or entity, which provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge. I understand that any false statement on this application may be considered as sufficient cause in my application being rejected or my volunteering be terminated.

The Wise Health System Auxiliary, WHSA, is not obligated to provide a placement, nor are you obligated to accept the position offered. I understand that Wise Health System Auxiliary reserves the right to make any scheduling changes at any time to include shift, hours, and duties.

I further understand that WHS will perform a pre-placement investigation, including but not limited to a reference and criminal background check, to determine my suitability for volunteer work and I authorize WHS to have access to any records concerning my education, employment, and criminal background. I understand that WHS will not inform me of the details of any references received from previous employers.

If accepted as a WHSA Member, I agree and understand that all information concerning patients, treatments, and staff is confidential. I understand that dependability is imperative and agree to be absent from my assigned position only when necessary and to contact the chairman of the department when I am unable to be there. I agree to attend an Orientation set up by the hospital and to follow the rules and guidelines set by Wise Health System Administration and the Volunteer By-Laws. I understand that as a WHSA member I will not be compensated for time volunteered.

Signature

For Junior Applicants Only:

_____ has my permission as his/her parent/guardian to be a member of the WHS Junior Volunteer Program. I understand that neither the hospital nor the Auxiliary is to be held responsible in case of an accident.

Parent/ Guardian Signature/ Date

Parent/ Guardian Phone Number