

GENERAL INFORMATION
 PLEASE PRINT NEATLY

Last Name:	First Name:	MI:	Preferred Name:
Street Address			
City:		State	Zip:
Home Phone:		Cell Phone:	
Email Address:			Birthdate:

Employment:	Dates:	Office Phone:
Position/Job Description:		
Education: _____ HS	_____ College	_____ Grad School
Previous Volunteer or Civic Experience:		
Special Skills/Talents/Interests:		

IMPORTANT INFORMATION

Are you 18 years old or older:	Have you ever been convicted of a crime; if yes, please explain:
Is there any health issue that might limit your ability to volunteer; if so, please explain:	
How did you hear of our program?	

EMERGENCY CONTACT

Name:	Relationship:
Home Phone:	Cell Phone:
Email Address:	

VOLUNTEERING INFORMATION

We ask that all new volunteers make a commitment to volunteer with us for at **least one year** and volunteer a minimum of **one four hour shift per week—serving around 100 hours per year**. Can you make this commitment? _____yes _____no

The auxiliary will attempt to make volunteer assignments based on the applicant's interests and physical & mental abilities. We cannot guarantee that a volunteer assignment will be available that meets an applicant's special needs or limitations. If an appropriate assignment is not available, the auxiliary will refund the applicant's registration fee.

Available for Volunteer Assignment: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri 8:00—12:00 ___ 12:00—4:00 ___

There are very few services available for the following days and time: ___ Sat ___ Sun Various Times _____

Are you a student and if so, where do you go to school: _____

Why do you want to volunteer?

Assignment Areas of Interest:

AGREEMENT

Northside Hospital-Atlanta Auxiliary is a service and fundraising organization dedicated to the support of Northside Hospital, its patients, visitors and the community.

I understand and accept that in joining the Auxiliary and becoming a volunteer at Northside Hospital, I agree to the following:

- I am ready to begin volunteering after _____.
- To pay a non-refundable registration fee of \$30 (cash preferred) at the interview for dues & uniform.
- I will submit to a criminal background check.
- To wear my photo identification badge and official uniform at all times when working my service.
- To work once a week, in the service to which I am assigned at the designated time.
- To give a service commitment of **100 hours** per year or (50 hours for summer college students).
- To commit to working a **minimum of 1 year—longer for infant care services.**
- To give advance notice to my department when I cannot come, except in the case of an emergency.
- Joining the auxiliary is not a path to employment nor is does it provide an opportunity for job shadowing, internship or externship.

In witness of my signature below, I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any falsification or significant omission of any information requested herein will be considered sufficient cause for discharge without prior warning at any time during my service with Northside Hospital-Atlanta Auxiliary.

I hereby elect and agree to be covered by Northside Hospital's Worker's Compensation Program for any accident or injury sustained during the course of my volunteer service to Northside Hospital. I acknowledge that I am not considered an employee for any other purposes and am not entitled to any of the other benefits available to employees.

Signature _____

Date _____

Print Name _____