Northeast Georgia Health System, Inc.
Hospice Volunteer Services
2150 Limestone Pkwy, Ste 222
Gainesville, GA 30501
Phone: (770) 219-0276
Fax: (770) 219-0604
Toll Free: 888-572-3900

Volunteer Application

hospice of Northeast Georgia Medical Center, Inc.™
2150 Limestone Pkwy, Ste. 222
Gainesville, GA 30501
Phone: (770) 219-8888
Fax: (770) 219-8887
Toll Free: (888) 572-3900

CIRCLE ONE

Mr. Mrs. Ms. Miss Dr. _____ LAST NAME _____ FIRST NAME _____ PREFERRED NAME _____ MI

_____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP

_____ HOME PHONE _____ CELL PHONE _____ WORK PHONE

_____ FAX _____ EMAIL _____ DATE OF BIRTH (MONTH / DAY)

Emergency Contact Information

_____ LAST NAME _____ FIRST NAME _____ RELATIONSHIP

_____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP

_____ HOME PHONE _____ CELL PHONE _____ WORK PHONE

_____ NAME OF VOLUNTEER'S PHYSICIAN _____ PHYSICIAN'S PHONE

References: Please list 2- personal & former work *(if applicable)*

_____ LAST NAME _____ FIRST NAME _____ MI

_____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP

_____ HOME PHONE _____ WORK PHONE

_____ LAST NAME _____ FIRST NAME _____ MI

_____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP

_____ HOME PHONE _____ WORK PHONE

Employment History

_____ EMPLOYER NAME _____ TITLE OF JOB _____ DATES OF EMPLOYMENT _____ PHONE

_____ EMPLOYER NAME _____ TITLE OF JOB _____ DATES OF EMPLOYMENT _____ PHONE

If applicable for your volunteer position, please provide a copy of your licensure or certification

General Information

Are you now, or have you ever been a volunteer in any organization? (YES) NO If so, where? _____

Are you currently a college student? (YES) NO

Have you ever been convicted of any felony or crime other than a minor traffic violation? (YES) NO

Have you ever pled guilty or no contest to a crime or have any criminal charges pending? (YES) NO

If so, please explain: _____

General Health- Circle one below:

EXCELLENT (GOOD) (FAIR) (POOR)

How did you become interested in and learn about volunteering with Hospice of NGMC?
Circle all that apply

INTERNET NGHS WEBSITE
NEWSPAPER FLIER ■
FRIEND OTHER

Comments:

Schedule Preference

Please check the days / times that you are available:

	MON	TUES	WED	THUR	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

Volunteer Information / Preferences

1. Circle the category of volunteer role in which you would like to volunteer. This information is used to assist with placement.

   PATIENT / FAMILY CONTACT OFFICE SPECIAL PROJECTS

2. Please circle any special skills / talents that you are able / willing to share with patients, families, and Hospice:

   ART MASSAGE SEWING CALLIGRAPHY PET THERAPY SINGING
   COMPUTER SKILLS PHOTOGRAPHY VIDEO- RECORDING COOKING WRITING COSMOTOLOGY
   PUBLIC SPEAKING HAIRDRESSER SCRAPBOOKING PLAYING MUSICAL INSTRUMENTS NAIL TECH
   OTHER(S): _____ NOTARY

3. Do you speak any languages other than English? YES NO If yes, please identify: _____
4. Are you CPR certified? YES NO If yes, please indicate the expiration date and **provide a copy for your volunteer file**: _____
5. Have you or are you currently serving in the military? YES NO If yes, please indicate the branch in which you served: _____
6. If working with patients, are you able / willing to be in a home where there is smoking? YES NO
7. If working with patients, are you able / willing to be in a home where there are pets or animals? YES NO

   Please indicate the animals you are **unable** to be around: _____

To be completed by Hospice office: Glove Size: S M L Other: _____

For more information on other volunteer opportunities offered at NGHS, contact Volunteer Services at (770) 219-1830.

Auxiliary Membership Opportunity

The Medical Center Auxiliary is led by a board of Medical Center volunteers elected by the Auxiliary's Nominating Committee and approved by the Auxiliary Members. Membership dues are a minimum of $10 per year. The Medical Center Auxiliary donates all funds earned through volunteer efforts and Auxiliary projects to enhance services of Northeast Georgia Health System.

Agreement

I understand that volunteer applicants of Northeast Georgia Health System must fulfill all Volunteer Services requirements, including completion of application, interview, tuberculosis test, and proof of MMR, Chickenpox and current Flu shot. I authorize Northeast Georgia Health System to check any references requested and to perform a criminal background check for the purpose of acquiring reference information, and I release the Health System from any liability based on such releases. I also certify that the application information is accurate and that the Medical Center may accept volunteers in its sole discretion and may release a volunteer at any time from serving the organization.

_____ _____

SIGNATURE DATE

FOR OFFICE USE ONLY

Interview Date: _____ Interviewers Initials: _____

Comments: _____

_____

_____