

HARRISON COUNTY HOSPITAL VOLUNTEER APPLICATION

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____ City, State, Zip _____

E-MAIL ADDRESS _____ TELEPHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

LAST GRADE COMPLETED: 9 10 11 12 college SHIRT SIZE FOR VOLUNTEERS: _____

PRIOR VOLUNTEER EXPERIENCE: _____

SKILLS OR SPECIAL INTERESTS: _____

DO YOU SPEAK A FOREIGN LANGUAGE? _____

WHERE DO YOU WANT TO VOLUNTEER? _____

DAYS AND HOURS AVAILABLE: _____

IS THIS VOLUNTEER EXPERIENCE A REQUIREMENT FOR A CLASS, SERVICE ORGANIZATION,
OR ORDERED BY THE COURT? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN SPEEDING OR PARKING
TICKETS IN INDIANA OR ANY OTHER STATE? _____

If yes, please explain _____

The facts as stated on this application are true and correct. I understand that, if employed as a volunteer, false statement on this application will result in my immediate dismissal. Additionally, I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.

PERSON TO CALL IN THE EVENT OF AN EMERGENCY:

(Name) (Telephone)

(Signature of Volunteer) (Date)

Flu, Tdap, MMR & Varicella

It is a requirement of the Harrison County Hospital Volunteer Program that all volunteers provide documentation of immunity to tetanus, diphtheria, pertussis, measles, mumps, rubella, and varicella prior to beginning the volunteer program. Please provide **DOCUMENTATION** of immunity by vaccination. All volunteers are required to have a flu shot or provide appropriate documentation for refusal. Volunteers must also show proof of having received a recent **two-step tb test**. This is available through your physician or the health department.

Please return to Sheryl Voelker, Harrison County Hospital – 1141 Hospital Drive, Corydon, IN 47112
or svoelker@hchin.org.