

# VOLUNTEER SERVICES

## Application form

PLEASE PRINT

**PERSONAL INFORMATION**

LAST NAME	FIRST	MIDDLE	ARE YOU 18 YEARS OF AGE OR OLDER?  <input type="checkbox"/> YES <input type="checkbox"/> NO
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STREET ADDRESS	CITY	STATE	ZIP
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HOME PHONE NO.	CELL PHONE NO.	EMAIL ADDRESS
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OCCUPATION:	EMPLOYED BY/RETIRED FROM:
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HAVE YOU EVER BEEN EMPLOYED BY GARDEN CITY HOSPITAL?  
 YES     NO    If yes, please indicate department and dates:

HAVE YOU EVER BEEN A VOLUNTEER AT GCH OR ANY OTHER HOSPITAL?  
 YES     NO    If yes, please indicate location and dates:

PERSONAL REFERENCE NAME (Not a relative) / PHONE NUMBER

DO YOU HAVE ANY RELATIVES CURRENTLY WORKING AT GCH?  
 YES     NO    If yes, please indicate name, position held and department:

CAN YOU SPEAK A LANGUAGE (s) OTHER THAN ENGLISH?  
 YES     NO    If yes, please indicate \_\_\_\_\_

Can you speak, read and write this language (s) fluently?     YES     NO

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?  
 NEWSPAPER     SCHOOL     RELATIVE     WALK IN     FRIEND     WEBSITE     OTHER: \_\_\_\_\_

REASON FOR VOLUNTEERING: \_\_\_\_\_  
 \_\_\_\_\_

PERSON TO CONTACT IN CASE OF AN EMERGENCY (Please indicate relationship)	CONTACT TELEPHONE
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**EDUCATION**

**PLEASE NOTE, YOU MUST BE A HIGH SCHOOL GRADUATE AND 18 YEARS OF AGE.**

HIGH SCHOOL     COLLEGE STUDENT     SOME COLLEGE     COLLEGE DEGREE

Are you currently a student?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, Where? \_\_\_\_\_

COLLEGE ATTENDED: \_\_\_\_\_ DEGREE: \_\_\_\_\_

OTHER EDUCATION/ TRAINING \_\_\_\_\_  
 \_\_\_\_\_

## TIMES AVAILABLE

There are many needs throughout our hospital where volunteers can provide service and make a difference. Our goal is to find the perfect fit - matching your interest with a need of ours.

*I am generally interested in volunteering in areas such as (check one):  
Please note, the area you request may not be available immediately.*

- Patient/ Visitor Escort** - Help to greet, direct, escort patients and visitors from any hospital location to other locations within the hospital.
- Patient Companion** - The volunteer offers patient assistance. Visiting with patients, playing cards/ games, discussions.
- Clinical/ Nursing Area** - Assist staff in various inpatient and outpatient departments of the hospital.
- Clerical Volunteers** - Provide office support, including filing, copying, computer skills and using various office equipment.
- Pastoral Volunteers** - Visit patients and support their spiritual needs.

**Morning shift:**  8:00am - Noon     9:00am - 1:00pm     10:00am - 2pm     11:00am - 3:00pm

Check interested day:  Monday     Tuesday     Wednesday     Thursday     Friday

**Afternoon shift:**  Noon - 4:00pm     2:00pm - 6:00pm     3:00pm - 7:00pm     4:00pm - 8:00pm

Check interested day:  Monday     Tuesday     Wednesday     Thursday     Friday

### STATEMENT OF REQUIREMENT/ COMMITMENT:

**As a Garden City Hospital volunteer, I will:**

- √ I agree to volunteer for a minimum of 4 hours a week or 16 hours a month
- √ Notify the volunteer office or the department to which I am assigned any time I am unavailable for my assignment
- √ Respect patient, family, and staff confidentiality; which I understand is both a patient right and the Hospital's legal responsibility
- √ Users of electronic, verbal or written information systems have the same obligation regarding confidentiality
- √ Abide by the rules and regulations of Garden City Hospital and the Volunteer Department, which including wearing my name badge and volunteer uniform (when required), and recording hours with the volunteer office
- √ Mandatory TB Test provided at no cost by the hospital
- √ Mandatory annual flu shot provided at no cost by the hospital
- √ Maintain the customer service standards in my interactions with patients, families and staff
- √ Give permission for a background check to be performed by Garden City Hospital

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date