

Adult/College Volunteer | *Preferences*

(Please complete & return with application)

We want to get to know you!

We take your goals, interests & availability into consideration, so your placement after onboarding will be more fulfilling for you as well as best for the hospital's needs.

Briefly tell us about yourself:

Name: _____

School/Alumni: _____

Interests/Career Goals: _____

Any healthcare experience? _____

Why do you want volunteer with Piedmont Columbus Regional?

Availability to volunteer:

(Please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday
9 a.m. – 12 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 p.m. – 3 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 p.m. – 6 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which semester (circle all that apply)?

SPRING

SUMMER

FALL

SEASONALLY

OTHER (Please specify): _____

Are you available for weekends (circle one)?

YES

NO

MAYBE

Are you available for special/holiday events?

YES

NO

MAYBE

I am interested in volunteering in the following placements:

(Please check all that apply)

- ☐ Patient Care Nursing Units
- ☐ Emergency Trauma Center
- ☐ Children's Hospital
- ☐ Laboratory Services
- ☐ Neonatal ICU
- ☐ Surgery/Outpatient Unit
- ☐ Pastoral Care

- ☐ Gift Shop
- ☐ Radiology
- ☐ Guest Services
- ☐ Healing Notes Performer
- ☐ Family Room/Waiting Areas
- ☐ Play Paws – Pet Therapy
- ☐ Administration

How do I send my application, documents and preferences sheet?

SAVE ALL FILES IN PDF FORMAT –
(LastName,FirstName.Title.Date.pdf)

Send via email attachment to:
Nancy.Williams@piedmont.org