



Office use only:
Date Rec. _____

Volunteer Application

Name: _____ Mr. ___ Mrs. ___ Ms. ___

Date of Application: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Address: _____
(Street Address or PO Box) (City) (State) (Zip)

Birthdate: _____ Spouse's Name: _____

Emergency Contact: _____ Phone Number: _____

Occupational Background: _____

How did you learn about opportunities to volunteer at PFH? _____

Skills or Hobbies (i.e., Computer, CPR, Foreign Language, Photography) _____

Volunteer Affiliations (i.e., Red Cross, Church, and other) _____

Membership in the Auxiliary is open to all who are interested in Piedmont Fayette Hospital, who conform to the bylaws and policies of the Auxiliary, and meet the following requirements

Age: 18 years of age or older

Service: Members are required to volunteer a minimum of **75 hours** a year (or 50 hours if the member works evenings or weekends)

Dues: \$25.00 annually, due in June

Application Fee: \$25.00 due at in-person interview (non-refundable)

Uniform Fee: \$25.00 due at orientation

Volunteer Service Areas	
Cancer Wellness	Maternity
Cardiac Cath Lab	Med/Surg.
Courtesy Shuttle	NICU
Emergency Department	PAT/ Main Lab
Gift Shop	Wellness Center
ICU/IMCU	Surgical Services
Information Desks	Women's Imaging
	Wound Care

Schedule Preference	
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Morning: (8A-12P)	_____
(8A-12:30P)	_____
Afternoon: (12-4PM)	_____
(12:30- 5PM)	_____
Evening: (5 - 9PM)	_____
(4- 7PM)	_____

Please note: volunteer assignments will be made based on schedule availability at orientation. While every effort will be made to accommodate day/time and service area preference, no assignment guarantee can be made.

References: Two completed reference forms are required. Please submit personal reference forms along with your completed application. Personal references can be obtained from any source other than family members, i.e.: Auxiliary members, physician, neighbor, friend, clergy, co-worker, previous volunteer organization or other sources.

AUXILIARY MEMBERSHIP AGREEMENT

- Attend an orientation program scheduled for new members and attend service area training in my specific service area before beginning service;
- Attend annual in-service retraining in my service area;
- Complete initial two step tuberculosis screening process with re-testing done annually (provided free to volunteers);
- Pay dues of \$25.00 annually;
- Purchase (\$25.00) and wear an Auxiliary uniform according to guidelines when working at the Hospital;
- Fulfill my assignments and hour obligations because the Auxiliary and the Hospital depend on me; or find a replacement to work for me;
- I understand and agree that, as a condition of being selected as a volunteer, Piedmont Fayette Hospital will conduct a criminal background check. If volunteering as Courtesy Cart driver, a motor vehicle report will also be pulled. My signature constitutes my authorization for Piedmont Fayette Hospital, or its agents to check my background and/or motor vehicle report. I waive and release Piedmont Fayette Hospital and its agents from any and all claims I may otherwise have with respect to any such criminal background check/motor vehicle report.

I certify that the facts set forth in this application are true and complete.

Signature: _____ Date: _____

I _____, hereby request and authorize an affiliate of Piedmont Healthcare, Inc., to take and use photographs, video recording, slides and any comment made verbally or recorded or made by me for publications or advertising purposes (included but not limited to newspapers, television and/or radio broadcasts, audio/video recordings, drawings and sketches, books, brochures, magazines, videotapes, motion pictures, websites or other publicly distributed materials) in such places as Piedmont Healthcare, Inc., shall determine without restrictions at its sole discretion.

Signature

Print Name

Date

Please mail/drop/fax or email completed application and personal references to:

Piedmont Fayette Hospital Auxiliary

MAIL: 1255 Hwy 54 West
Fayetteville, GA 30214
Phone: 770-719-7098

DROP OFF: 1279 Hwy. 54 West, 3rd Floor
Fayetteville, GA 30214

FAX: 678-817-4349
EMAIL: Fayvol12@piedmont.org

Please note: when application and two personal reference forms have been received, the Auxiliary office will contact you to schedule an in-person interview.