



Volunteer Application

Our Purpose, Our Mission: To make a positive difference in every life we touch.

Full Name: _____
Last First MI Nickname

Telephone Number: _____ **Cell Phone Number:** _____

Email: _____

Address: _____
Street Apt # City State Zip

How did you hear about our Volunteer Program: _____

Did a current Piedmont Walton Volunteer refer you? If yes, who: _____

Mailing Address: _____
(If different from above) Street or PO Box # Apt # City State Zip

Education: ___ High School ___ College ___ Post Graduate ___ Seminary

Are you a current student: ___ Yes ___ No

PREVIOUS VOLUNTEER EXPERIENCE (All information must be completed in full.)

Name & Address of Organization	Duties	Dates	
		From	To

Please share your reasons for wanting to volunteer at Piedmont Walton Hospital:

AVAILABILITY

Please circle all times you are available to volunteer.

MORNING: **SUN MON TUE WED THU FRI SAT**

AFTERNOON: **SUN MON TUE WED THU FRI SAT**

EMPLOYMENT HISTORY (All information must be completed in full. If necessary, attach additional sheets.)

List below your work experience, beginning with the most recent position.

Name & Address of Organization	Duties	Dates	
		From	To

EMERGENCY INFORMATION

Name	Address	Phone Number	Relationship

APPLICANT'S CERTIFICATION AND AGREEMENT (Please read carefully.)

I understand that if I am chosen to be a volunteer, it will be my responsibility to:

- Complete pre-hire screening and retesting done annually;
- Attend an orientation program scheduled for new volunteers and attend service area training in my specific service area before beginning services;
- Complete mandatory annual education requirements;
- Wear a volunteer uniform when working at the hospital;
- Wear an identification badge visibly at all times on the hospital campus;
- Fulfill my assignments and hour obligations because the hospital staff and patients depend on me;
- If I am unable to work my normally scheduled hours, I will contact the Volunteer President.

I understand and agree that:

- Piedmont Walton Hospital has my authorization to thoroughly investigate my work and personal history to include criminal investigations. I will hold no person liable for giving or receiving information in this investigation.
- I have applied to serve as a volunteer at Piedmont Walton Hospital and hereby grant permission to release to the hospital any information requested concerning my work ability, character and employment or volunteer service. Prompt response to this request will be appreciated. A copy of my authorization bearing my correct signature has the same force and effect as the original.

I understand that my personal insurance carrier will be the payee if I am injured while carrying out volunteer duties at Piedmont Walton Hospital.

I have read and agree to the above and hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.

Printed Name

Signature

Date

Once complete, please email to Heather.Boyce@piedmont.org or mail to:

Piedmont Walton Hospital
Attn: Heather Boyce - Community Relations Manager
2151 West Spring Street
Monroe, Ga. 30655

If you have any questions, please call 404.291.1396.



Volunteer Agreement

I wish to provide volunteer services for Piedmont Walton Hospital.

I understand my volunteer service is donated without contemplation of future employment, and given with humanitarian or charitable reasons.

I understand that as a volunteer, I am not covered by any state or federal wage and hour laws, nor am I eligible for worker's compensation, unemployment insurance benefits, or any other benefit available to employees.

I understand that my religious or political beliefs may not be imposed or discussed while on duty at Piedmont Walton Hospital.

I agree to not engage in any inappropriate conversations or behavior related to age, race, sex, gender, color, creed, disability, sexual orientation or national origin.

I shall not sell or attempt to sell good or services, request contributions or solicit persons to sign or distribute petitions on hospital premises, unless I have the express permission of the Community Relations Manager.

I understand that Piedmont Walton Hospital offers medical services for treatment of illnesses to patients, and I assume a risk that I might be inadvertently exposed to such diseases.

I release, discharge and relieve Piedmont Walton Hospital from any, and all, claims whatsoever of any nature arising as a result of my volunteer services and all related activities.

I understand and agree that I will comply with all rules and standards of conduct, which apply to hospital employees, volunteers, chaplains and independent contractors.

I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my volunteer service professional in quality.

I agree to attempt to resolve any problems related to my volunteer service with the Volunteer President, and if unsuccessful, I will attempt to resolve any such problems with the Community Relations Manager.

I understand the Community Relations Manager reserves the right to terminate my volunteer status for any reason, including if I fail to follow policies, rules and regulations; if I am absent without prior notice; if I have unsatisfactory behavior or appearance; or any circumstances that would make my continued services contrary to the best interests of the hospital. I also understand that the Community Relations Manager has the final say.

I understand and agree that my services are provided voluntarily and freely without expectation of compensation of any kind and that my agreement to serve as a volunteer does not create any employment agreement or an agreement (except to abide by these rules governing a volunteer's conduct) of any other sort between Piedmont Walton Hospital and myself.

I HAVE READ, I UNDERSTAND AND I AGREE TO THE ABOVE.

Printed Name

Signature

Date



Confidentiality Statement

Personal, health and financial information is provided to Piedmont Walton Hospital by our patients and their significant others throughout the continuum of care. This information may include medical information in a patient's chart, billing information, reports generated by computer systems, verbal information and the like.

As a volunteer of Piedmont Walton Hospital, I promise absolute confidentiality of all personal and financial information to our patients. To these ends, I agree that:

Access to confidential patient information is for the sole purpose of fulfilling my volunteer responsibilities. I understand that I may not, under any circumstances, read a patient's chart or other documents considered to be personal and confidential.

Conversations concerning patient care are confidential and they should occur only as necessary to care for a patient. Conversations concerning patient care are not acceptable in hallways, cafeterias, breakrooms, waiting areas and so forth where they may be overheard.

Patient information shall only be release in accordance with the Piedmont Walton Hospital policies and procedures, which designates the Public Relations Specialist as the official spokesperson. As a volunteer, it is my responsibility to uphold the Patient Bill of Rights.

Computer and telephone voicemail password codes are confidential, and they should never be shared.

Failure to abide by the Piedmont Walton Hospital Confidentiality Policy is grounds for immediate termination. Further legal actions may also result.

Confidentiality Statements will be signed initially and then annually (during mandatory continuing education programs) to reaffirm my commitment to patient confidentiality and to communicate changes in the hospital policy.

By signing my name, I affirm that I fully understand and agree to abide by the Piedmont Walton Hospital Confidentiality Policy.

Printed Name

Signature

Date