



**VOLUNTEER APPLICATION – Adult Program (18 years and up)** Please Print

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Complete Address \_\_\_\_\_  
City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

High School \_\_\_\_\_ Graduate Year \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_ Graduate Year \_\_\_\_\_

Current Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

Position \_\_\_\_\_ Work Days \_\_\_\_\_

**I am interested in volunteering:** Errands \_\_\_; Gift Shop \_\_\_ (main hospital or mother baby\*\*);  
CPE \_\_\_; Cuddler\* \_\_\_; Anna Shaw Children’s Institute\* (ASCI) \_\_\_; Peoples Cancer Institute \_\_\_

\* Pertussis vaccine is required for Cuddler & ASCI position (not provided by Hamilton). Must be 25 years old to be a Cuddler.

\*\* Circle one, if online list the one you are interested in on your application here \_\_\_\_\_

**IN CASE OF EMERGENCY, WE WILL CONTACT:** Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Language Spoken: \_\_\_English \_\_\_Spanish \_\_\_German \_\_\_French \_\_\_Tagalog \_\_\_\_\_Other

Why are you interested in becoming a member of the Hamilton Volunteer Team? \_\_\_\_\_

\_\_\_\_\_

Have you volunteered at Hamilton in the past? \_\_\_Yes / \_\_\_No If yes, when \_\_\_\_\_

Other Volunteer Experience \_\_\_\_\_

\_\_\_\_\_

Hobbies, Skills, Interests and Talents \_\_\_\_\_

\_\_\_\_\_

Best way to contact you \_\_\_\_\_

Non-Family References (please give complete information)

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

2) Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Our volunteer schedule offers several options. Please mark your preference by placing an “X” or a “✓” next to the day and time you would like to volunteer. We will do our best to place you on the day and time you select if we have an opening. (Note the 5:30 p – 8:00 p\* would be Information Desk Assistant at the main entrance of the hospital):



	8:30 a - 11:30 a	11:30 a - 2:30 p	2:30 p - 5:30 p	5:30 p - 8:00 p*	10:00 a – 1:00 p	1:00 p – 4:00 p
<b>Sunday</b>						
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						
<b>Saturday</b>						

ASCI hours are 10:00 a.m. – 1:00 p.m. and 1:00 p.m. – 4:00 p.m. Monday - Friday

Several positions require moderate physical strength and/or excessive walking. Do you have physical limitations or are you under treatment that may limit your ability to perform in a voluntary capacity? \_\_\_\_Yes / \_\_\_\_No

**Hamilton Medical Center request a minimum one (1) - year commitment with an agreement to serve a minimum of three (3) hours per week.**

THE ABOVE INFORMATION IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT VOLUNTEERS ARE NOT COMPENSATED FOR THEIR TIME OR SERVICE DONATED, AND THAT VOLUNTEERING DOES NOT GUARANTEE EMPLOYMENT AT HAMILTON.

Hamilton Health Care System (HHCS) requirement is all Volunteers be immunized to influenza. If you are unable to receive the influenza (flu) vaccine you will need to complete Hamilton’s vaccine exemption request form each year you volunteer. If the exemption is approved, you must wear a mask and alternate badge ID while in the hospital during flu season **November 1 through March 31.**

Hamilton Health Care Systems (HHCS), requirement is all Volunteers be immunized to Covid 19. If you are unable to receive the Covid 19 vaccine, you will need to complete Hamilton’s Covid 19 vaccine exemption request form. If the exemption is approved you must wear an N-95 mask, face shield and alternate badge ID while in the hospital.

Volunteers of HHCS are subject to random drug screening.

By signing my signature / electronic I understand and agree if I discontinue my volunteer service at Hamilton, I am required to turn in my badge to my supervisor immediately.

I give my consent for pre-placement testing, which may include chest x-ray, urine drug screen, TB screening, blood testing and /or other testing as deemed necessary. I also give my permission to Hamilton Health Care System to administer any first aid and/or medical treatment deemed necessary in the case of injury or illness suffered during the course and scope of service.

Signature \_\_\_\_\_

Date \_\_\_\_\_

HAMILTON MEDICAL CENTER IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED. OPPORTUNITIES ARE PROVIDED TO APPLICANTS WITHOUT REGARD TO RACE, RELIGION, CREED, NATIONAL ORIGIN, AGE OR SEX