

FOR OFFICE USE ONLY					
Appl. Received		Interview		Notes	
References Sent		Background Check S R			
Rec'd 1	Rec'd 2	EHS Rec'd Del.	Security		
		Orientation Date	SD		

Phoebe Putney Health System Application for Volunteer Service

(Please Print)

DATE: _____

GENERAL INFORMATION

Mr. Mrs.

Ms. Miss: _____

First Name

Middle Initial

Last Name

Address

(Apt. #)

City

Zip Code

()

Daytime Phone

()

Cell Phone

E-mail: home or work

Education / Special Training: _____ Degree(s): _____ Foreign Languages: _____

Work Status: ☐ Employed ☐ Unemployed ☐ Retired ☐ Seeking Employment Other: _____

If employed, name of company: _____ Work Phone #: _____

Position: _____ Work hours and days: _____

Emergency contact:

Name: _____

Relationship: _____

Address: _____

Phone: _____

VOLUNTEER AVAILABILITY AND INTEREST

(Please circle the days and general times you are available to work)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE

Do you have a specific area of interest in volunteering? _____

Are there any work conditions that you must avoid? _____

How did you become interested in our program? _____

What do you hope to gain from your volunteer experience? _____

FOR HOSPICE VOLUNTEER APPLICANTS:

Have you experienced a death in your family or someone close to you within the past year? If so, what was your relationship to the person? _____

BACKGROUND INFORMATION AND REFERENCES

Have you ever been convicted of a crime? (Conviction of a crime is not necessarily grounds for disqualification; however, giving false or incomplete information is sufficient cause to disqualify a person from volunteer service.) Circle one: Yes No

If yes, please explain: _____

Have you ever been a Phoebe employee or volunteer, or have you applied for either? Circle one: Yes No

If yes, please describe your experience: _____

PERSONAL REFERENCES: DO NOT use relatives as references. One work-related reference is preferred.

Please note that complete reference information is REQUIRED to process application.

(1) Name _____ Relationship _____

Mailing Address _____

E-mail Address _____ City _____ Zip Code _____

(2) Name _____ Relationship _____

Mailing Address _____

E-mail Address: _____ City _____ Zip Code _____

The information provided in this application is true and complete in all respects. I understand that if this application is false in any way, I will be dismissed without notice regardless of when the false information is discovered.

As a VOLUNTEER, I would...

- ☐ agree to attend the volunteer orientation and train until I am competent to perform the required duties;
- ☐ agree to comply with all the rules and regulations of the hospital and the Volunteer Department;
- ☐ understand that I may be dismissed from my duties for willful wrong doing or negligence and/or performing duties outside of my service description;
- ☐ agree to call my assigned area or volunteer office as soon as possible when I have scheduling changes;
- ☐ understand that PPHS is not obligated to utilize my services as a volunteer, nor am I obligated to accept the volunteer assignment offered.

CONFIDENTIALITY: All medical, financial, and personal information pertaining to patients of the hospital is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore volunteers may look at, use, or disclose patient information ONLY as it relates to the performance of their duties and in compliance with the hospital's HIPAA Privacy Policy. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and PPHS.

Signature _____

Date _____ / _____ / _____

RETURN THIS APPLICATION TO ONE OF THESE CAMPUSES

ALBANY – PPMH and HOSPICE

Phoebe Putney Memorial Hospital
Attn: Juli Bruner, Volunteer Services
PO Box 3770
Albany, GA 31706-3770

FAX TO: 229-312-4311
E-MAIL TO: jbruner@phoebehealth.com

SUMTER

Phoebe Sumter Medical Center
Attn: Human Resources
126 Hwy. 280 West
Americus, GA 31719

FAX TO: 229-931-1347

WORTH

Phoebe Putney Memorial Hospital
Attn: Juli Bruner, Volunteer Services
PO Box 3770
Albany, GA 31706-3770

FAX TO: 229-312-4311
E-MAIL TO: jbruner@phoebehealth.com

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex, or disability.

**PHOEBE PUTNEY MEMORIAL HOSPITAL / PHOEBE HOSPICE
VOLUNTEER SKILLS AND INTEREST SURVEY**

SKILLS/AREAS OF INTEREST:

Please indicate with a checkmark the skills you would be willing to share and the areas you prefer to volunteer. Placement in a particular position will be based on your application, interview, and position availability.

Clerical and Office Skills	<u>Computer</u> <input type="checkbox"/> Data Entry <input type="checkbox"/> Graphic Design <input type="checkbox"/> Typing <input type="checkbox"/> Other _____	<u>Other Office Skills</u> <input type="checkbox"/> Alphabetizing / Filing <input type="checkbox"/> Collating materials <input type="checkbox"/> Using copier / scanner <input type="checkbox"/> Stuffing / labeling Envelopes <input type="checkbox"/> Telephone
Personal Skills And Preferences	<input type="checkbox"/> I prefer working with people. <input type="checkbox"/> I prefer working behind the scenes.	<input type="checkbox"/> I like being a leader / planner / organizer. <input type="checkbox"/> I prefer to follow specific instructions.
Volunteer Positions Patient and Guest Care Services	<u>Contact with Patients</u> <input type="checkbox"/> Activities / Classroom Assistant <input type="checkbox"/> Infant / Child Care Assistant <input type="checkbox"/> Patient Assistant – for non-clinical needs <input type="checkbox"/> Patient Companion <input type="checkbox"/> Patient Escort <input type="checkbox"/> _____	<u>Contact with Guests/Family Members</u> <input type="checkbox"/> Gift Shop Clerk / Cashier <input type="checkbox"/> Greeter and Guest Escort <input type="checkbox"/> Musician: Instrument _____ <input type="checkbox"/> Shuttle Driver <input type="checkbox"/> Waiting Area Assistant <input type="checkbox"/> Other _____
Off-Campus Volunteering	<input type="checkbox"/> Sewing <input type="checkbox"/> Knitting / Crocheting <input type="checkbox"/> Other _____	<input type="checkbox"/> Ramp Crew <input type="checkbox"/> Other: _____
Phoebe Hospice Willson Hospice House	<u>Contact with Patients</u> <input type="checkbox"/> Bereavement – emotional support <input type="checkbox"/> Camp Good Grief (children's program) <input type="checkbox"/> Direct Patient Care – outpatient (at the patient's residence) <input type="checkbox"/> Direct Patient Care – inpatient (at Willson Hospice House)	<u>Office Volunteers</u> <input type="checkbox"/> Data Entry <input type="checkbox"/> Bereavement Office – Telephone / Mailing <input type="checkbox"/> WHH Office – Telephone / Mailings <input type="checkbox"/> Other _____

I would be willing to volunteer, if asked, to help with a **special one-time project** like:

- ☐ Stuffing and/or labeling envelopes
- ☐ Answering telephones
- ☐ Sitting with a child
- ☐ Community Event such as
 - Jingle Bell Jog & Jingle Bell Jog Events
 - Play Yellow Golf Tournament

**Requires special qualifications and/or outside training*

Updated 11/14/2023