



## Charles Cole Memorial Hospital Adult Application Form

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ SS# \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Education & Work Experience**

Current Employer: \_\_\_\_\_ Phone # \_\_\_\_\_ Duties: \_\_\_\_\_

Highest Grade Completed: 9 or less 10 11 12 1 2 3 4 M.S. PhD. Other: \_\_\_\_\_

Participation in other Volunteer/Community Activities: \_\_\_\_\_

Hobbies: \_\_\_\_\_

List physical limitations/chronic illnesses: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>Preference for Job Assignment</b>	<b>Availability</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>
<input type="checkbox"/> Helping Patients	Morning					
<input type="checkbox"/> Helping Visitors	Afternoon					
<input type="checkbox"/> Sorting Mail/Special Projects	Will you substitute on short notice? <input type="checkbox"/> yes <input type="checkbox"/> no					
<input type="checkbox"/> Errands/Package Delivery						
<input type="checkbox"/> Computer						
<input type="checkbox"/> Gift Shop						

**REFERENCES**

Please provide names of two people (not related to you):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our Volunteer program? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please read and sign:

If accepted into the Charles Cole Memorial Hospital Volunteer Services program, I agree to:

Hold **absolutely confidential** all information that I may obtain directly or indirectly concerning patients and staff.

Honor my commitment to a specific job assignment.

Be professional, conscientious, and conduct myself with dignity, courtesy and consideration of others.

Maintain a well-groomed appearance and abide by the dress code policy.

Attend orientation and in-service training as scheduled.

Perform all assignments in a professional manner, and seek the assistance of the Director when necessary.

Discuss any problems, criticism or suggestions with the Director.

Become familiar with and adhere to the Hospital's policies and procedures.

Adhere to the volunteer sign-in procedure for recording hours volunteered.

Notify the Director if unable to volunteer as scheduled.

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with Hospital policies; (b) unsatisfactory attitude, work or appearance; (c) any other circumstances which, in the judgment of the Director, would make continued services as a volunteer contrary to the best interests of Charles Cole Memorial Hospital and its patients.

**Criminal Background:** Have you ever been convicted, pleaded guilty, or *nolo contendere* (no contest) to a felony or misdemeanor other than a summary offence or do you currently have any such charges pending against you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give the particulars including the type and date of the offence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: A conviction will not necessarily disqualify an applicant from employment; however, there are specific criminal convictions that prohibit employment under the Pennsylvania Older Adults Protective Services - 169 Act and others that may relate to your suitability for employment in the position for which you have applied.

***I have read each of the above conditions, the CCMH Standards of Conduct and the CCMH Guiding Principles agree to honor them.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_