BRISTOL HOSPITAL
everyday extraordinary

Adult Volunteer Application

_____ _____ _____
Last Name First Name Mr / Mrs / Ms

_____ ___ _____ _____
Address Apt. # City State Zip Code Home Phone

_____ _____ _____ _____
Business Phone Cell Phone/Pager E-Mail Date of Birth (optional)

EDUCATION:
Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

If Currently a Student, Name of School _____

Field of Study _____Licensure/Certificates _____

Other Volunteer Experience _____

Position(s) Held _____Contact Name _____

REFERENCE INFORMATION:
Spouse Name (If Applicable) _____ Phone _____

In case of Emergency Contact _____

Address _____Daytime Phone #_____Evening # _____

Physician's Name _____ City _____Phone _____

Reference (non relative) _____ Relationship _____

Years Known _____Daytime Phone # _____ Evening # _____

EMPLOYMENT HISTORY:

Employer _____Years Employed _____

Position Held _____Supervisor _____Phone _____

Employer _____ Years Employed _____

Position Held _____ Supervisor _____ Phone _____

***REQUIRED**:**

From our list of current openings, please indicate the specific role for which you are applying.

Department _____Position _____

Department _____ Position _____

How Did You Hear About Our Program? _____

Hours You Are Available: M_____ T _____ W _____ TH _____ F _____ S _____ SU _____

Special Interests/Hobbies/Talents _____

Languages _____ Computer Skills _____

What Do You Hope to Accomplish Through Volunteering? _____

IF ACCEPTED AS A VOLUNTEER AT BRISTOL HOSPITAL, I AGREE THAT:

1. I will hold confidential all information that I may obtain directly or indirectly concerning patients or personnel, and not seek to obtain confidential information from a patient.
2. Under no condition will I provide medical assistance or advice to a patient, visitor or staff member.
3. I will fulfill my commitment to the hospital (at least 6 months of volunteer service) by completing all assignments that I accept.
4. I will notify my immediate supervisor or volunteer office if I am unable to work as scheduled.
5. I will submit documentation of a tuberculosis test done within the last 12 months which will be submitted prior to beginning volunteer service. I understand that if my TB test is positive, I will need to have further testing done by my own physician at my own expense and provide a physician's letter stating the findings.
6. I will not sell goods or services, request contributions, or distribute political or religious materials on hospital premises.
7. My services are donated to the hospital without contemplation of compensation or future employment.

8. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of 1) Failure to comply with hospital policies, rules and regulations, 2) Absences without prior notification, 3) unsatisfactory attitude, work or appearance, or 4) Any other circumstances which, in the judgment of the Director of Volunteer Services, would make my continued service as a volunteer contrary to the best interests of the Hospital.
9. I agree to abide by the policies of Bristol Hospital and the Department of Volunteer Services, include Sexual Harassment, Disciplinary Policy/Rules of conduct, and Safety.

I have read each of the above conditions and I agree to be bound by them.

_____ _____

Signature Date