



**Samaritan Albany General Hospital
Volunteer Services Department Application**

1046 6th Avenue SW, Albany, Oregon 97321 *** 541-812-4185

For Office Use Only

Date Received _____
Contact _____
Interview _____
Orientation _____

_____ Adult (19 years and over)
_____ Teen (15 – 18 years)

PERSONAL DATA

Name

_____ Last First Middle Initial

Current Address

_____ Street City State Zip () Home Phone Number () Cell Number

EDUCATION

High School

_____ Name Location Years attended

College or School attended after high school (including military service)

_____ Name Location Academic Major or Trade

_____ Name Location Academic Major or Trade

WORK EXPERIENCE

Name of employer, address, phone #	Dates employed: From: To:	Job title and description of duties:
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Name of employer, address, phone #	Dates employed: From: To:	Job title and description of duties:
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VOLUNTEER EXPERIENCE

Name of volunteer organization, address, phone#	Dates of service: From: To:	Type of service:
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Name of volunteer organization, address, phone#	Dates of service: From: To:	Type of service:
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SKILLS

_____ Typing _____ Bookkeeping _____ Accounting
_____ Word Processing _____ Ten-Key Adding Machine _____ Sewing
_____ Computer – General Knowledge _____ Calculator _____ Sales
_____ Customer Service

Please describe other skills or abilities which will assist in evaluating your volunteer qualifications: _____

VOLUNTEER WORK DESIRED

Most positions offered are at the Surgery Center Information Desk greeting patients, assisting surgery staff, and patient families and friends; Messenger Service pickup/delivery or interdepartment mail, flowers and gifts; Auxiliary Gift Shop as retail assistant; Special Project volunteer for fundraisers or department projects and SAGH Information Desk offering a welcoming smile and directions to SAGH customers. Other specialized positions are available on an as-needed basis.

Days Preferred

Time Preferred

		Morning	Afternoon	Evening
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

Names and phone numbers of references submitted with this application:

1). _____ 2). _____

IN CASE OF ILLNESS WHILE ON DUTY, CONTACT:

_____	_____				
Name	Family Doctor				
_____	_____				
Address	Office Address				
_____	_____				
City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____
Home Phone	Business Phone	Office Phone			

VOLUNTEER COMMITMENT

Upon acceptance to the volunteer program, I will accept responsibilities, will be kind, respectful, punctual and dependable. I will perform my assignments, maintain patient confidentiality and abide by hospital ethics and policies.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING!

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS VOLUNTEER APPLICATION IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF ACCEPTED AS A VOLUNTEER, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

I FURTHER UNDERSTAND THAT MY VOLUNTEERING IS CONTINGENT UPON SUCCESSFUL COMPLETION OF REFERENCES, EDUCATIONAL AND CRIMINAL BACKGROUND INFORMATION. I CONSENT TO AND AUTHORIZE THE VOLUNTEER SERVICES DEPARTMENT TO REQUEST ANY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT/VOLUNTEERING RECORD AS INDICATED ON THIS APPLICATION. I HEREBY RELEASE ALL PARTIES AND PERSONS CONNECTED WITH ANY REQUEST FOR INFORMATION FROM ALL CLAIMS, LIABILITIES, AND DAMAGES FOR WHATEVER REASON ARISING OUT OF FURNISHING SUCH JOB/VOLUNTEERING RELATED INFORMATION.

Albany General Hospital does not discriminate because of race, color, religion, gender, age, disability, national origin, or marital status.

Signature of Applicant

Date

CONSENT (for 15-18 year old volunteers only)

My daughter/son _____ has my consent to serve as a volunteer at Albany General Hospital.

Signature of Parent or Guardian

Date