

ADULT VOLUNTEER APPLICATION
King's Daughters Medical Center • 2201 Lexington Ave. • Ashland, KY 41101
(606) 408-0955

This application is strictly for non-paid volunteer positions and in no way affects any application for employment at King's Daughters Medical Center.

Please Note: Completion of this application does not guarantee placement as a volunteer.

PERSONAL INFORMATION

| | | | |
|-----------|------------|----------------|----------|
| Last name | First name | Middle initial | Nickname |
|-----------|------------|----------------|----------|

| | | | |
|----------------|------|-------|-----|
| Street address | City | State | Zip |
|----------------|------|-------|-----|

| | | | |
|------------|-------------------|-------------------------------|---------------------------------|
| Home phone | Social Security # | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
|------------|-------------------|-------------------------------|---------------------------------|

| | |
|--|----------------|
| Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, where? |
|--|----------------|

| | | |
|---|--------------|-----------|
| May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/> | Phone number | Extension |
|---|--------------|-----------|

| | |
|---|---------------|
| Have you ever been employed by KDMC? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, when? |
|---|---------------|

Names of friends or relatives at KDMC, and their department:

Have you ever been convicted of any misdemeanor or felony (this includes, without limitation, pleading guilty, pleading no contest, or having a finding of guilt)? within 2 yrs. No Yes If yes, explain nature of offense, when and where: _____

within 7 yrs. No Yes _____

If you wish to volunteer information regarding any job accommodations which you might require, please use this space.

Do you have or have you had a back problem or injury? Yes No If yes, please describe:

Which day(s) would you prefer to work?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Which time of day would you prefer to work? Morning Afternoon Evening

Would you prefer working: Directly with patients In a non-patient area

Would you like to join the Volunteer Auxiliary (Dues: \$5.00 per year) Yes No

SKILLS, EDUCATION, INTERESTS

Can you speak any foreign languages? Yes No

Please list:

Do you know any sign language? Yes No

Do you have experience in the medical field? Yes No

Do you have a professional license? Yes No

Please specify:

Do you have specialized training or certification? Yes No

Specify:

Do you have computer experience? Yes No

Specify:

Which of these activities would you enjoy doing?

Pastoral Care
 Assisting on Patient Care Units
 Computer work/Clerical assignments
 Reception Desk
 Auxiliary Gift Shop
 Welcome Greeter
 Hospitality House

Please list two work references if applicable:

| NAME | ADDRESS | TELEPHONE |
|------|---------|-----------|
| | | |
| | | |

Please list two personal references that we may contact:

| NAME | ADDRESS | TELEPHONE | BEST TIME TO CONTACT |
|------|---------|-----------|----------------------|
| | | | |
| | | | |

In the event of an emergency, who should we contact?

| NAME / RELATIONSHIP | ADDRESS | HOME PHONE | WORK PHONE |
|---------------------|---------|------------|------------|
| | | | |
| | | | |

I certify that my answers to the questions on this application are true to the best of my knowledge.

Applicant's Signature _____ Date _____

I understand and agree that, in the performance of my duties as a volunteer at King's Daughters Medical Center, I must abide by all KDMC policies and procedures including holding all patient and any other privileged information in confidence. Any breeching KDMC policy including the unauthorized attempt to obtain and/or disseminate confidential information will result in my exclusion from King's Daughters Medical Center Volunteer Program.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

| Date application received | Date of Interview | Date of orientation | Work state date |
|---------------------------|-------------------|---------------------|-----------------|
| | | | |

Assignment: _____