

VOLUNTEER APPLICATION

White Oak Medical Center is a faith-based organization, committed to extending God’s care through the ministry of physical, mental, and spiritual healing. The foundation of who we are is represented through our R.I.S.E.S. values of **Respect**, **Integrity**, **Service**, **Excellence**, and **Stewardship**. We believe that through these values, we can strive towards our vision of providing a world-class patient experience to every person, every time.

Each Volunteer plays a crucial role in our hospital, as they are often the first point of contact for our patients and their families. If you are an individual that exemplifies our R.I.S.E.S. values, and you are interested in becoming an advocate for world-class patient experience, we invite you to complete the application below.

We look forward to meeting you!

Date: _____

PERSONAL INFORMATION:

Name: _____ DOB: _____ Male Female
Phone: _____ Email: _____
Address: _____
Street City State Zip Code

Please provide one of the following:

S.S. # _____ I-94 Card (Original)

WORK EXPERIENCE:

Most Recent Employer: _____ Full-Time Part-Time
Position Held: _____ Dates: _____
Supervisor: _____ Phone: _____
Reason for Leaving: _____
(If Applicable)

PREVIOUS VOLUNTEER EXPERIENCE:

EDUCATION:

Institution: _____ Highest Level Completed: _____
Address: _____
Street City State Zip Code
Currently Enrolled: Yes No Fluent in What Languages: _____

HEALTH INFORMATION:

Do you have any health restrictions or special needs that require an accommodation? Yes No

If you answered YES to the question above, please briefly explain and state what accommodation will be needed?

VOLUNTEER INFORMATION:

Why would you like to volunteer at White Oak Medical Center? *(Select all that apply)*

- Spare Time
- School Requirement
- Internship Requirement
- Personal Enrichment
- Interest in Healthcare
- Other: _____

Volunteer Position: Areas of Service

- Patients
- Office Environment
- General Public
- Customer Service
- Computers

Availability and Schedule *(Please indicate available time in blocks)*

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
A.M.							
P.M.							

How many hours per day would you be interested in volunteering? _____ How many days per week? _____

VOLUNTEER COMMITMENT:

Believing that White Oak Medical Center has a real need for my services as a volunteer, I pledge to:

- Conduct myself with dignity and courtesy at all times, working harmoniously with other
- Work harmoniously with others, using tact, understanding, and compassion;
- Treat all information concerning patients as confidential;
- Be dependable in attendance, punctuality, and performance of duties;
- Exhibit loyalty to the hospital standards, attitudes, vision, mission, and R.I.S.E.S. values, which influence the reputation of White Oak Medical Center in the community;
- Maintain a neat and clean professional appearance, keeping make-up and jewelry to a minimum and abiding by the volunteer dress code, including volunteer uniform jacket & badge;
- Abide by all guidelines in the Volunteer Manual and hospital safety requirements;
- Provide a minimum of 100 service hours without compensation to WOMC within one calendar year;
- Complete all onboarding requirements including self-study preparation materials, a minimum of 4-hour hospital orientation, on-the-job training as needed, background check, and all health tests/documentation

I understand any omission or misrepresentation of information in this application may result in refusal of, or separation from, my volunteer service at the hospital. I certify that I am at least 15 years of age.

Volunteer Signature: _____ Date: _____

Parent Signature *(if applicable)*: _____ Date: _____