



334-293-8805 | www.jackson.org

## Jackson Hospital Volunteer/Jr. Volunteer Application

Send completed applications by:

**Email:** Pryer.Hines@jackson.org

**Fax:** 334-293-8971

**Mail:** Jackson Hospital

Attn: Marketing

Jackson Hospital

1725 Pine St, Montgomery, AL 36106

**Application Date** \_\_\_\_\_

### Personal Information:

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Current Work Experience:** ☐ Volunteer ☐ Paid

Business or Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Work performed or title: \_\_\_\_\_

**Other Experience:** ☐ Volunteer ☐ Paid

Business or Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Work performed or title: \_\_\_\_\_

### Educational Background:

☐ High School ☐ College ☐ Graduate School ☐ Vocational ☐ Other: \_\_\_\_\_

Major(s): \_\_\_\_\_

Name of School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Will you adhere to our Mission Statement? Jackson Hospital is a not-for-profit organization committed to improving the health of all members of our community by providing superior, patient-centered and cost-effective care in a safe, compassionate environment. \* Yes                      No

Will you adhere to our company's values? Compassion - We care for our patients with empathy and respond with kindness; Diversity - We embrace the differences in our patients, staff and community; Education - We improve the health of our region through ongoing education of our patients, staff and community; Innovation - We continue to improve the care that we provide with evidence-based medicine and incorporate technological advancements; Integrity - We are transparent, honest, ethical and respectful; Quality - We pursue excellence through outstanding communication and customer service; Safety - We maintain a safe environment for our patients, visitors and staff; Teamwork - We work together to achieve common goals. \* Yes                      No

### **Motivation:**

What or who encouraged you to become a volunteer: \_\_\_\_\_

Have you volunteered before: ☐ Yes    ☐ No

If yes, for what organization(s): \_\_\_\_\_

### **Availability for Work:** (please check all that apply)

Days of the week I am available to volunteer are:

☐ Monday    ☐ Tuesday    ☐ Wednesday    ☐ Thursday    ☐ Friday    ☐ Saturday    ☐ Sunday

Times available: ☐ AM    ☐ PM

### **References:** (at least one person not related to you) References will be checked.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

I understand and agree to the fact that this agreement is for participation with Jackson Hospital as a volunteer and that I will not be compensated for this work now or in the future. I have given the above information voluntarily, and I certify that all statements are true and correct. I understand that it will be used and disclosed for Jackson Hospital purposes or to any party with legal and proper inter-est, and I release Jackson Hospital from any liability whatsoever for supplying such information. I agree to abide by the Volunteer Personnel Policies and Procedures of Jackson Hospital.

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

Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

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### **For Office Use Only**

Application Received: \_\_\_\_\_ Volunteer Start Date: \_\_\_\_\_

Volunteer Orientation: \_\_\_\_\_ Volunteer Assignment: \_\_\_\_\_