



Volunteer Chaplain

Volunteer Services Application

The following information will help us to become better acquainted. We are especially interested in your qualifications and interests as a prospective Volunteer.

Please complete and return application to: Volunteer Services Director, Davis Regional Medical Center, PO Box 1823, Statesville, NC 28687. Telephone: 704-838-7106 Fax: 704-838-7111

Personal Information:			
First Name	Middle Initial	Last Name	Date
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Email	
Foreign Languages:			
Emergency Contact Information:			
Name		Relationship	
Address		Telephone	
Education (circle appropriate level):			
Elementary & High School 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	GED	College 13, 14, 15, 16	Graduate School Masters Doctorate
Employment History & Church Information			
From: Month / Year	To: Month / Year	Company Name, Complete Address, Telephone, & Supervisor Name	
From: Month / Year	To: Month / Year	Company Name, Complete Address, Telephone, & Supervisor Name	
Present Church & Years:	Previous Church & Years:	Previous Church & Years:	
Volunteer History:			
From: Month / Year	To: Month / Year	Organization or Company Name, Address, Telephone, Contact Name	
From: Month / Year	To: Month / Year	Organization or Company Name, Address, Telephone, Contact Name	
From: Month / Year	To: Month / Year	Organization or Company Name, Address, Telephone, Contact Name	

Please specify the hours and days you prefer to volunteer:

Morning Hours 9-1 pm; Evening 5-8:30 pm	Afternoon 1-5 pm	Sunday	Monday	Tuesday	Wednesday
		Thursday	Friday	Saturday	

What do you feel should be your roll as a volunteer chaplain:

Which of your spiritual gifts could be used here at the hospital?

Where do you draw the line concerning witnessing, spreading the gospel, or proselytizing while on duty?

How do you know when someone does not want to talk or is tired or ill?

Why is it important to keep patient information confidential?

References:

Name & Relationship to You	Complete Address	Telephone Number
		Day: Evening:
		Day: Evening:
		Day: Evening:

(Because of the extensive amount of training, orientation, and background research involved in becoming a volunteer, volunteers must be willing to commit at least one year of service and be able to work a minimum of 4 hours per week. By completing this application, you are indicating you understand and are agreeable.)

Applicant's Signature:	Date:
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Health Screening Record

Personal Information			
First Name	Middle Initial	Last Name	Date of Birth
Street Address	City	State	Zip Code
Primary Physician			
Name	Address		
Communicable Disease History			
Place check any of the following illnesses you have had in the past.			
<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Measles ("Big Red Measles")
<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Rubella (German Measles)
Immunizations (complete with dates if born 1957 or after)			
Polio	Mumps	PPD Date:	
DPT	Rubella	Results:	
Measles	Tetanus	Previous Results:	
General Health Information			
<p>Do you take medicine that may cause you to be drowsy or impair your ability to perform the duties of a volunteer?</p> <p>Yes ___ No ___ If yes, indicate what medications:</p>			
<p>Do you have any medical conditions that we need to be aware of in the event you become ill while on duty?</p>			
<p>Do you have other medical conditions not mentioned above, or any restrictions that would limit your volunteer activities? Please comment below:</p>			
<p>Have you ever been treated for a mental disorder that might cause you to hurt yourself or someone else? If so, please explain.</p>			
Date:	Signature:		

Davis Regional Medical Center
Sunshine Volunteers / Volunteer Chaplain Application
Release Authorization

In consideration of my application, I authorize *Davis Regional Medical Center* by and through QPI to verify all data given by me on application, related papers or oral interviews. I understand a thorough investigation may be conducted which may include but not be limited to criminal history, motor vehicle driving record, education verification, employment history, credit report and personal history. I hereby authorize employers, agencies, personal references and other persons with whom I am acquainted to answer all questions and release all information concerning my employment record, character, reputation, ability, education, military service, credit history and other applicable reports. Furthermore, I release all agencies, bureaus, employers, information service organizations, and individuals or companies named above from all liabilities or damages that might result from information provided in good faith. I state that the information provided by me on my application is accurate and I agree that if any information therein is found to be false at any time, my application may be discarded or my volunteer status terminated. I understand that the information requested below regarding sex and date-of-birth are for the sole purpose of gathering the above information accurately and will not be used to discriminate against me in violation of the law. * A facsimile (FAX) or photocopy of this authorization shall be as valid as the original.

*QPI fully complies with the Fair Credit Reporting Act and the ADA.

(Print) Last name	First	Middle	Social Security Number
Maiden and/or other Name Used			Driver's License Number / State Issued
Current Address (Street)			Date of Birth
City, State, Zip Code and County			Sex
			Applicant's Signature

List Previous Addresses, other than that above, for the past seven years:

(Street Address)	(City)	(State)	(Zip Code)
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