FOR OFFICE USE ONLY							
Appl. Received		Interview			Notes		
References Sent		Background Check S R					
Rec'd 1	Rec'd 2	EHS Rec'd	Del.	Security			
		Orientation D	ate	SD			

Phoebe Putney Health System Application for Volunteer Service

		r r	(Please Print)			
DATE:						
GENERAL INFORMATION						
Mr. Mrs.						
Ms. Miss:	First Name	<u>,</u>	Middle Initial		Last Name	
	Address	(Apt. #)		City		Zip Code
()		_ ()				
Daytime			l Phone		E-mail: home or work	
Education / Specia	al Training:		Degree(s):_	Foreign	Languages:	
Work Status: _	_EmployedU	Inemployedl	RetiredSeekii	ng Employment	Other:	
If employed, name	e of company:			W	ork Phone #:	
Position:			Work hours a	nd days:		
Emergency conta						
				_		
		VOLUNTEER A	AVAILABILITY A	ND INTEREST		
(Please circle the	days and general tin	nes vou are available	e to work)			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE	AM PM EVE
Do you have a specific area of interest in volunteering?						
Are there any work conditions that you must avoid?						
How did you become interested in our program?						
What do you hope to gain from your volunteer experience?						
FOR HOSPICE VOLUNTEER APPLICANTS: Have you experienced a death in your family or someone close to you within the past year? If so, what was your relationship to the						
person?						
Person:						

BACKGROUND INFORMATION AND REFERENCES Have you ever been convicted of a crime? (Conviction of a crime is not necessarily grounds for disqualification; however, giving false or incomplete information is sufficient cause to disqualify a person from volunteer service.) Circle one: Yes No If yes, please explain: _ Have you ever been a Phoebe employee or volunteer, or have you applied for either? Circle one: Yes No If yes, please describe your experience: ___ PERSONAL REFERENCES: <u>DO NOT</u> use relatives as references. One work-related reference is preferred. Please note that complete reference information is REQUIRED to process application. (1) Name _____ Relationship ____ Mailing Address _____ City Zip Code E-mail Address Mailing Address _____ City Zip Code E-mail Address: The information provided in this application is true and complete in all respects. I understand that if this application is false in any way, I will be dismissed without notice regardless of when the false information is discovered. As a VOLUNTEER, I would... agree to attend the volunteer orientation and train until I am competent to perform the required duties; agree to comply with all the rules and regulations of the hospital and the Volunteer Department; understand that I may be dismissed from my duties for willful wrong doing or negligence and/or performing duties outside of my service description; agree to call my assigned area or volunteer office as soon as possible when I have scheduling changes; understand that PPHS is not obligated to utilize my services as a volunteer, nor am I obligated to accept the volunteer assignment offered. CONFIDENTIALITY: All medical, financial, and personal information pertaining to patients of the hospital is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore volunteers may look at, use, or disclose patient information ONLY as it relates to the performance of their duties and in compliance with the hospital's HIPAA Privacy Policy. Any

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and PPHS.	
occurs.	
information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality	
unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to who will provide grounds for immediate dismissal.	ha

Signature Date

RETURN THIS APPLICATION TO ONE OF THESE CAMPUSES							
ALBANY – PPMH and HOSPICE	<u>SUMTER</u>	<u>WORTH</u>					
Phoebe Putney Memorial Hospital	Phoebe Sumter Medical Center	Phoebe Worth Medical Center					
Attn: Judy Himes, Volunteer Services	Attn: Human Resources	Attn: Dorothy Layfield, RHIT, CCS/HIM					
PO Box 3770	126 Hwy. 280 West	Manager					
Albany, GA 31706-3770	Americus, GA 31719	PO Box 545					
		Sylvester, GA 31791					
FAX TO: 229-312-4311							
E-MAIL TO: <u>jmhimes@ppmh.org</u>	FAX TO: 229-931-1347	FAX TO: 229-776-2147					