

Dear Volunteer Applicant:

Thank you for your interest in becoming a member of the healing team at Methodist Healthcare. Your gift of time will make a significant difference to our patients, family members, hospital and physician staff and visitors. There are numerous opportunities available throughout the Methodist Healthcare system at any one of our hospital facilities including: Fayette, Germantown, North, South, and University.

Here is the process for becoming a volunteer:

1. Complete the attached volunteer application, including the 3 reference forms.

Please sign and date the reference forms and give them directly to the individual you are asking for a reference. Reference forms may be given to personal friends or former supervisors; do not give reference forms to family members. After your reference forms have been completed and returned to you, return them along with your volunteer application to our corporate office.

Volunteer Services  
Methodist University Hospital  
1265 Union Avenue E161  
Memphis, TN 38104-3499

2. Attend a volunteer interview. This is simply a conversation between the facility coordinator and you to determine what volunteer position you would be best suited for, what your interests are, what you want your schedule to be, etcetera.

We will also conduct a TB skin test and examine your proof of vaccine(s) at this time. It is a requirement of this hospital that all individuals who work here have a tuberculosis (TB) skin test and provide proof of immunity to chicken pox, rubeola, rubella, and mumps. If you cannot provide proof of immunity or remember if you did have the disease, you will need to consent to a titer (blood test) for provide proof of immunity. Methodist Healthcare will provide both the TB skin test and titer (if needed) at no cost to you.

3. The corporate office will contact you and schedule your attendance for volunteer system orientation. All volunteers must attend this orientation.
4. After completing system orientation, your facility coordinator will work with you to get you started in your new volunteer role.

As we strive to provide outstanding care for our patients and their loved ones, it is important that each of our volunteers has a satisfying and rewarding experience, so please be sure to contact us if you have questions or need further information.

Sincerely,



Johneka (Neki) Catron  
Volunteer Services, Manager



## **VOLUNTEER APPLICATION**

Mr./Mrs./Ms.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**IF YOU HAVE NOT LIVED AT THE ABOVE ADDRESS FOR THE PAST SEVEN YEARS YOU  
MUST PROVIDE PREVIOUS ADDRESSES BELOW**

#### **IN AN EMERGENCY NOTIFY:**

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

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL DATA:**

Employment and/or Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you decide to volunteer at Methodist Healthcare: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Select Hospital Preference (please check one):

Fayette       Germantown       North       South       University

Select day(s) available to work:

Mon.       Tue.       Wed.       Thu.       Fri.       Sat.       Sun.

Time of day preferred: \_\_\_\_\_

Do you have any limitations which you feel could affect your work assignment: (Ex. walking, sitting, Etc.)  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our volunteer program: \_\_\_\_\_

List area(s) you would like to volunteer: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or do you currently have a pending charge?       Yes       No

If yes, describe, including dates and locations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM WILL NOT BE ACCEPTED IF ALTERED, ILLEGIBLE, OR INCOMPLETE**  
**NOTICE/AUTHORIZATION FOR RELEASE OR INFORMATION FOR EMPLOYMENT PURPOSES/INVESTIGATIVE**  
**CONSUMER REPORT**

In connection with my application for Volunteer Services with Methodist Healthcare, I authorize Methodist Healthcare and Certiphi Screening, Inc. or its agents to procure an investigative background report about my background, character, or reputation; including but not limited to, information as to my employment, education, driving records, social security number verification, criminal record and/or other public records history. I authorize all persons to fully disclose information relevant to this investigation. I release from liability all persons, companies and governmental or other agencies disclosing such information. I further authorize that a photocopy of this authorization may be considered as an original.

**I have read, understand and authorize any person, agency or other entity contacted by Methodist or Certiphi Screening, Inc. screening or its agents, to furnish the above mentioned information.**

Your signature indicates your approval for us to check references. Methodist Healthcare is not obligated to provide a placement, nor are you obligated to accept the position offered. The policy of Methodist Healthcare prohibits discrimination in selection of volunteers on the basis of race, color, religion, national origin, sex, disability, or age (persons over 40).

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

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



## Volunteer Reference Form

This form is to help you give a character reference for an applicant seeking a volunteer position with Methodist Healthcare. References may know the candidate in a variety of ways including additional volunteer interaction, school, work, religious affiliation, etc. However, we ask that references not be a family member of the candidate.

Please help us evaluate this applicant by filling in the confidential information requested in as many areas as you feel you can answer. Thank you for your assistance in making this a meaningful volunteer assignment for the applicant.

**Name of Volunteer Applicant:** \_\_\_\_\_

**How long and in what capacity have you known the applicant?**

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**Describe why you feel the applicant would make a great volunteer in a hospital setting.**

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**Please provide any information that you feel would help us place the person in an appropriate position (i.e. something the candidate excels in, any limitations they may have, etc.).**

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**Your Name:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

**Your Phone:** \_\_\_\_\_

Permission is hereby given to the above named person to release the information requested in order to determine my qualifications for Volunteer Work. It is further agreed that I waive any action against Methodist Healthcare or the above named person should the information furnished result in the rejection of my application for volunteer work.

**Volunteer Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed references by mail, fax or email.**

**Mail:** Volunteer Services; Methodist University Hospital; 1265 Union Avenue, E161; Memphis, TN 38104-3499  
**Fax:** 901.516.7387 **Email:** [Johnekia.Catron@mlh.org](mailto:Johnekia.Catron@mlh.org)



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