

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,



Johnkia (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**

Street Address	City	State	Zip
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Street Address	City	State	Zip
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Street Address	City	State	Zip
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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?

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

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.).

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

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