Baptist HEALTH

VOLUNTEER APPLICATION

Please check facility in which you wish to volunteer:

_____ **Baptist Medical Center South** _____ **Prattville Baptist Hospital**
_____ **Baptist Medical Center East** _____ **Prattville Medical Park**

Name: _____ **Social Security #:**_____

Address: _____**City/State/Zip:** _____

Home #: _____ **Work #:** _____ **Email:** _____

Work Experience:

Paid: _____ Years: _____
Volunteer: _____ Years: _____

Education: Circle Highest Level Attained:
High School: 9 10 11 12 College: 1 2 3 4
Degrees and/or Special Training: _____

References: (Someone other than a family member, a volunteer, if known)

Name: _____ Telephone #:_____

Address: _____ City/State/Zip:_____

Name: _____ Telephone #:_____

Address: _____ City/State/Zip:_____

Personal:

Physician: _____ Telephone # _____

In case of an emergency, notify: _____ Telephone #:_____

Relationship: _____

Physical limitations: _____

Why you would like to volunteer:_____

_____

_____

Work Schedule:

Please indicate by number your 1st, 2nd, and 3rd preference for the day and time you would like to work. If your preference is not available, you will be offered an alternate shift.

Day	9 am – 1 pm*	1 pm – 4:30 pm*
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

***Baptist Medical Center South shift hours**
Baptist Medical Center East shift hours = 8am to 12pm and 12pm to 4pm
Prattville Volunteer shift hours = 8am to 12pm and 12pm to 4pm

Do you want to work more than one 4-hour shift? _____ Yes _____ No
Are you willing to substitute on another shift occasionally? _____ Yes _____ No

Applicants will be required to attend orientation and shall have a three month probationary period prior to becoming a permanent volunteer. Most of our jobs are not full-time sitting jobs. We require physically active and emotionally stable volunteers who can consistently work their assigned shifts.

Your signature indicates your approval for us to check references, and, if necessary, contact your physician regarding physical and emotional health. The organization is not obligated to provide a placement nor are you obligated to accept the position offered.

Opportunities for volunteers are provided without regard to race, color, national origin, sex, religion, age, or disability.

I hereby certify that the information given in this application is correct.

Signed: _____ **Date:**_____

Please return your application to the address listed below:

Renae Thompson, Director
Volunteer Services
Baptist Medical Center South
PO Box 11010
Montgomery, AL 36111-0010
334-286-2974