

## APPLICATION FOR VOLUNTEER SERVICES

Thank you for your interest in being a member of the healing team at Methodist Healthcare-Memphis Hospitals. You will make a significant difference to our patients, family members, hospital staff, physician staff and visitors. There are numerous opportunities available at Methodist University, Germantown, North and South Hospitals.

Complete the application form and references and return to the address listed below.

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

It is a requirement of this hospital that all who work here, whether as a Volunteer or paid staff, have 1 OR 2 tuberculosis skin tests (depending upon your placement) and proof of immunity to chicken pox, rubeola, rubella, and mumps. If you were born before 1957 and cannot provide proof of this immunity you will be required to sign a form stating that you had the above. If you cannot remember if you did have the disease(s), you will need to consent to have a titer done (blood test) to provide proof of the immunity. Methodist will provide this for you through our Associate Health Department. If you were born after 1957 you will have to have written proof from a physician or physicians and/or the health department. If you cannot provide such proof, you will be required to have a titer. If testing does not show proof of immunity, you will be required to obtain the required immunization at your own expense. The results of this testing should be returned by you to this office.

Please sign and date the reference forms (all 3 are required) and give them directly to the persons you are asking for a reference. The references may be personal friends or former supervisors. Do not use family members as a reference. **After your reference forms are completed, and returned to you, return them along with your application to the above address.** In the event that we do not have all of the above, to include health testing, we will not be able to process your application.

When we receive all of your paperwork to include health information, application and references and the background check is complete, we will call you to set up a time for an interview.

Sincerely,

Johnekia (Neki) Catron, MHSA  
Manager, Volunteer Services



Why Did You Decide To Volunteer At Methodist Hospital? \_\_\_\_\_

Do You Plan To Volunteer **Short Term** (6 months or less) or **Long Term** (more than 6 months)? Circle One

(If short term how many **TOTAL** hours do you need?) \_\_\_\_\_

Circle Hospital Preference University South North Germantown

Circle Which Day(s) Preferred to Volunteer Mon Tue Wed Thur Fri Sat Sun

Time of Day preferred \_\_\_\_\_

Do You Have Any Limitations Which You Feel Could Affect Your Work Assignment? (Example: Walking, Sitting, Etc.)

List Area(s) You Would Like to Volunteer In \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or do you currently have a pending charge? If yes, list offense, date and location (if multiple offenses, list all): Yes \_\_\_\_\_ No \_\_\_\_\_ List if Yes \_\_\_\_\_

Are you currently or have you previously been excluded, suspended, or otherwise been ineligible for participation in federal programs, or do you have a controlling interest in an entity that has been so excluded or suspended? Have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency, or are there current restrictions/limits on your license or certification? If yes, please explain: \_\_\_\_\_

PROFESSIONAL LICENSE(S) OR CERTIFICATION(S)    LICENSE OR CERTIFICATION #(S)    STATES(S) ISSUED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCE FORMS ATTACHED MUST BE COMPLETED-PLEASE RETURN ALL WITH APPLICATION.**

**If all form have not been competed, we will be unable to process your application.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

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).

forms\application

**RECOMMENDATION REPORT FOR VOLUNTEER SERVICES**  
**(CANNOT BE FILLED OUT BY FAMILY MEMBER)**  
**(must be returned with you application)**

The person named below has made application to volunteer with Methodist Healthcare - Memphis Hospitals. We would appreciate your completing this report to assist us in evaluating this candidate's application. At the bottom of this report is a signed statement of consent from the applicant for you to release this information.

NAME OF APPLICANT \_\_\_\_\_

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON?

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE WHY YOU BELIEVE THIS PERSON WILL MAKE A GOOD HOSPITAL  
VOLUNTEER \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE PROVIDE ANY INFORMATION THAT WOULD HELP US TO PLACE THIS PERSON  
(ANY LIMITATIONS, SUGGESTIONS, ETC.) \_\_\_\_\_

\_\_\_\_\_  
YOUR NAME \_\_\_\_\_

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.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_