



Carolinus Medical Center
Lincoln
Volunteer Application Form

Name _____
(Last) (First) (Middle initial)

Name you prefer to be called _____

Address _____
(Street) (P.O. Box)

(City) (State) (Zip Code)

Phones (H) _____ (C) _____ (W) _____

Volunteers must be 18 years or older to be considered for the adult volunteer program. Do you meet this requirement? _____yes _____no

Are you a high school graduate? _____yes _____no

BIRTHDATE: month _____ day _____ (for recognition purposes only)

In Case of Emergency Notify:

Name _____ Relationship _____

Address _____ Phone _____

Previous Experience:

(a) Employer(s) _____

(b) Volunteer _____

(c) Other _____

Education _____

Hobbies, Skills, Special Training _____

Community affiliations _____
(Churches, clubs, etc.)

Are you seeking paid employment with CMC-Lincoln? _____

How did you hear about the volunteer program? _____

Why are you considering volunteer work here? _____

List work preferred by 1st, 2nd, and 3rd choices:

_____ Gift Shop _____ Clerical _____ Patient Services _____ Front Desk
_____ ED Liaison _____ Café Med _____ Special Projects _____ Other

Days preferred: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Hours preferred: Please circle: 8am-12 noon 12 noon- 4 pm Other _____

Approximate number of hours per month you can contribute _____

How long do you anticipate serving at CMC-Lincoln? _____
(6months, 1yr, etc)

Completing an application does not assure placement. Applicants will be chosen on the basis of personal interests and qualifications, keeping in mind the best interest of both the applicant and the medical center. The first month will be mutually probationary. A signature indicates that any and all services are donated without compensation or future employment, an approval to check references, conduct criminal background checks, contact your physician regarding physical/emotional health, and obligates you to adhere to all the rules and regulations of Carolinas Medical Center - Lincoln.

Date _____ Signature _____

***This application will not be accepted without signatures.**

***Return to:** **Community Outreach/Marketing**
 Carolinas Medical Center - Lincoln
 P.O. Box 677
 Lincolnton, NC 28093
 (980) 212-6041 or (980) 212-6044

EOE

REVISED: 10-06-95, 02-10-97, 01-17-00, 05-12-00, 09-17-03, 11-17-06, 12-8-08, 08-26-10