

# Piedmont Geriatric Hospital

A LEADER IN GERIATRIC PSYCHIATRY

## Volunteer Application

Application Date \_\_\_\_\_

Volunteer Position Sought \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

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

### **EDUCATION**

Highest Level of Education \_\_\_\_\_

### **EMPLOYMENT**

Current Employer, if applicable:

Position/Title \_\_\_\_\_

Dates of Employment (starting, ending) \_\_\_\_\_

Company/Employer \_\_\_\_\_

Address \_\_\_\_\_

### **SKILLS & EXPERIENCE**

Special training, skills, hobbies \_\_\_\_\_

Groups, clubs, organizational memberships \_\_\_\_\_

Please describe your prior volunteer experience (include organization names and dates of service) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What experiences have you had that may prepare you to work as a volunteer in the field of mental health & healthcare?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer? [Or, what do you want to gain from this volunteer experience?]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

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## REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

Please circle days and times you are interested in volunteering:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening

Times: \_\_\_\_\_

I prefer to volunteer Weekly  Twice monthly  Monthly  Other  \_\_\_\_\_

### ***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Piedmont Geriatric Hospital that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Piedmont Geriatric Hospital. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Piedmont Geriatric Hospital or my termination as a volunteer.

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

If under 18 years of age, Parental Signature \_\_\_\_\_