



Return application to:
Southwest Regional Medical Center
Attn: Joy Eggleston or
Pamela Pulkownik
350 Bonar Avenue
Waynesburg, PA 15370
(724)627-2656
(724)627-2412

Volunteer Application

(Please type or print)

Name: _____
(Last) (First)

Address: _____
(Street)

(City, State) (Zip)

Phone: _____ **E-mail:** _____

Personal References:

(Name) (Address) (Phone)

(Name) (Address) (Phone)

Volunteer Experience:

(Name of Organization) (Duties) (Dates)

(Name of Organization) (Duties) (Dates)

Community Affiliations: (i.e., clubs, church, etc.)

Where would you like to volunteer?

Please check areas in which you would be interested in volunteering:

- Lobby Shop** – As a gift shop volunteer, you will wait on customers, restock and straighten shelves and give directions to visitors when needed.

- Escort** – As an escort, you are asked to transport patients to designated areas within the hospital and to transport discharged patients via wheelchair to their vehicles. You will be asked to deliver newspapers, flowers and mail to patients.

- Cherry Door** – As a cherry door volunteer, you will wait on customers, hang and sort through donations. The Cherry Door is offsite from the hospital facility and is run by The Auxiliary of Southwest Regional Medical Center to help the local community.

Availability:

Please check all that apply:

- | | | | |
|------------------------------------|----------------------------------|------------------------------------|-----------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Requested Hours _____ |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Requested Hours _____ |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Requested Hours _____ |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Requested Hours _____ |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | Requested Hours _____ |

How long do you plan to volunteer? _____
(Hours)

***High school or college students only**

Are you a high school or college student? High School College

Where do you attend school? _____

What is your student status? Freshman Sophomore Junior Senior

Do you have community service hours to fulfill for your school? If so, explain:

How many hours of community service do you seek? _____
(Hours)

Waynesburg University Students: You are seeking volunteer hours for:

- Bonner Scholars Program
- Service Learning Program
- Other _____

Additional Information:

Why are you interested in volunteering at Southwest Regional Medical Center? _____ _____ _____
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on the disqualification list maintained by the Office of Inspector General? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of or plead guilty to a misdemeanor or felony (other than traffic violations) ? <input type="checkbox"/> Yes <input type="checkbox"/> No
In connection with any misdemeanor or felony, have you ever had a suspended imposition of sentence, suspended execution of sentence, deferred adjudication or any period of probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" to any of the above, please explain: _____ _____ _____

The information I have provided in this application is complete and correct to the best of my knowledge and I have a genuine intent and no other purpose(s) in applying to volunteer with Southwest Regional Medical Center Auxiliary. I understand that I am applying only for a volunteer position for the Southwest Regional Medical Center Auxiliary and Southwest Regional Medical Center has my permission to contact the references that I have given.

Southwest Regional Medical Center is a tobacco-free facility and I agree to comply with the Tobacco-free policy. I will not use tobacco products within the hospital or on Southwest Regional Medical Center's grounds. (A copy of Southwest Regional Medical Center tobacco-free policy can be provided to me upon request).

Date: _____ Signature of Applicant: _____

I agree (**only if volunteering in the Lobby Shop or serving as an Escort**) to comply with all hospital pre-volunteer regulations. The pre-volunteer regulations include a Criminal Record Check, 2-Step PPD and all other state and Joint Commission requirements to work within our facility. I understand that all of these requirements need to be met and my acceptance is contingent upon these requirements being successfully met.

Date: _____ Signature of Applicant: _____