

## Norton Suburban Hospital Volunteer Service Application

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How did you hear about the volunteer program at Norton Suburban Hospital?

Newspaper/Publication  Church  Friend/Employee  Other \_\_\_\_\_

Do you have friends/relatives who volunteer or are employed by Norton Suburban?

Yes  No If yes, name(s) \_\_\_\_\_

Have you been involved as a volunteer in any capacity?  Yes  No

If yes, when and where? \_\_\_\_\_

Training, talent and skills \_\_\_\_\_

Possible times for volunteering (state hours) (EXAMPLE: 9AM-1PM, 1PM-5PM, 5PM-9PM)

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Please list any physical limitations. \_\_\_\_\_

What should your name badge read? \_\_\_\_\_

What do you hope to receive from your volunteer experience? \_\_\_\_\_

List two personal references (Teen volunteers only need to provide one reference):

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

General Areas for volunteering (check areas of interest)  Escorting patients  Gift Shop

Patient Visitor  Magazine/Hostess Cart  Information Desk  Clerical Work

Other \_\_\_\_\_

Have you ever had the chickenpox?  Yes  No

Have you ever had the chickenpox vaccine? Yes No

Have you had a chest X-ray or TB test within the past year?  Yes  No

**ADULT INFORMATION ONLY (18 years of age and older)**

**EMPLOYEE/VOLUNTEER RELEASE AUTHORIZATION:**

*I hereby authorize Norton Healthcare to perform a criminal background check for any criminal information regarding me. I exempt Norton Healthcare from my liability or damages resulting from the release of this information.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**TEEN INFORMATION ONLY (under 18 years of age)**

School Now Attending:

\_\_\_\_\_  
GRADE

*I hereby agree to allow my son/daughter to serve as a teenage volunteer for Norton Healthcare. I fully understand that in the course of his/her duties she/he may be permitted to enter patient's areas of the hospital. I further release Norton Healthcare from any responsibility or liability for any foreseen or unforeseen results of causes that may arise as a result of my son/daughter's service at Norton Healthcare. In addition, I also realize the responsibilities of the organization and will cooperate with my son/daughter to comply with the rules and regulations.*

*Additionally, I agree that photographs and/or videotape may be taken of my child and used for public relations, marketing and/or advertising purposes of Norton Healthcare. I waive all rights I and/or my minor child may have for any claims for payment in connection with any exhibition, televising, showing or electronic display (including, but not limited to the World Wide Web) of said photographs, pictures or videotapes.*

SIGNATURE:

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**Please fill out and return this application to:  
Norton Suburban Hospital  
Volunteer Department  
4001 Dutchmans Lane  
Louisville, KY 40207**