LAKE NORMAN
REGIONAL MEDICAL CENTER

Application for Volunteer Position

Lake Norman Regional Medical Center
P.O. Box 3250
Mooresville, NC 28117

** Please return completed application to the attention of the Auxiliary Vice President

Lake Norman Regional Medical Center considers qualified applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status.

Date: _____/_____/_____

(Please Print)
Name: _____

Address: _____

_____

Phone: (____) ____-_____ **Birth Date (Month/Day):** _____/____

E-mail Address: _____

Emergency Contact: _____
Name

Home Phone: (____) ____-_____ **Cell Phone:** (____) ____-_____

1. Have you ever worked as a volunteer? Yes ___ No ___
   If so, which hospital and what were your responsibilities? _____
   _____

2. Have you ever applied to be a hospital volunteer and been turned down?
   Yes ___ No ___ If so, what hospital did you apply to? _____

3. Have you ever been employed by a hospital? Yes ___ No ___
   If so, which hospital and what was your job description? _____
   _____

4. Are you currently employed? Yes ___ No ___ If so, please state the name of your employer and your responsibilities: _____
   _____
   _____

5. Do you have any type of volunteer experience other than in a hospital setting?
   Yes ___ No ___ If so, please explain: _____
   _____
   _____

6. Do you have any special talents or abilities that we should know about? If so, please list: _____
   _____

7. Do you have any specific area in which you would like to work?
   ☐ Admitting ☐ Clerical ☐ Lobby Desk ☐ Gift Shop
   ☐ Maximum Patient contact ☐ Minimum Patient contact
   ☐ Any ☐ Other _____

8. How many hours per week do you plan to volunteer?
   Days preferred: _____ Monday – Friday Hours preferred: _____ Mornings
   _____ Weekends _____ Afternoons
   _____ Holidays _____ Evenings

9. How did you hear about our Volunteer Program? _____

References:
Please list two references that we may contact (no relatives, please). Include address and phone number where they can be reached –

1. Name: _____ Phone: (____) _____ - _____
   Address: _____

2. Name: _____ Phone: (____) _____ - _____
   Address: _____

As a Volunteer:

I will endeavor to give at least 4 hours per week to LNRMC.

I understand if I miss two consecutive assignments without notifying the Day Captain, Auxiliary President, or Director of Volunteer Services, I will be considered inactive.

I will abide by the rules and ethics described in the Volunteer Handbook, to keep all patient information strictly confidential, and to comply with all rules and regulations of the hospital.

_____ _____/_____/_____
Volunteer Applicant Signature Date

Please indicate your name only on this form:

Name of Applicant: _____
(Print)

Auxiliary Information Only

Please do not write below this line

Availability: _____

Placement: _____

Notes: _____

_____

_____

Interview Date: _____/_____/_____

Volunteer Orientation Date: _____/_____/_____

Hospital Orientation Date: _____/_____/_____

Physical Exam Scheduled/Date: _____/_____/_____

Date Placed: _____/_____/_____

Placement Area: _____

Day / Time: _____ / _____

Completed By: _____
Vice President of LNRMC Auxiliary

Volunteer Health Update

Please fill in all blanks, printing answers

Name: _____ Date: ____/____/____

Address: _____

_____

Job Title: _____ Department: _____

Family Physician: _____ Phone: (____) ____-_____

Illness update – please ✓ any illness, physical condition or problem you may have now or have ever had:

☐ Hay Fever
☐ Chronic Sinus Infection
☐ Asthma
☐ Hypertension
☐ Hearing Loss
☐ Dermatitis
☐ Shingles
☐ Neck Trouble/Injury
☐ Stiffness of Joints
☐ Heart Problems
☐ Knee Injury
☐ Left ☐ Right
☐ Back Trouble/Injury
☐ Fainting Spells
☐ Tuberculosis (TB)
☐ Exposure ☐ Treatment
☐ Nervous Emotional Condition
☐ Shoulder Trouble/Injury
☐ Left ☐ Right
☐ Other _____
☐ Arthritis
☐ Gout
☐ Diabetes
☐ Hernia
☐ Varicose Veins
☐ Hepatitis
Type ☐A ☐B ☐C
☐ Anemia
☐ Lung Problems

Comments or explanations concerning any of the above checked items: _____

_____

_____

Please list any surgeries you have had within the last year: _____

_____