

William R. Sharpe, Jr. Hospital Volunteer Application

**936 Sharpe Hospital Road
Weston, WV 26452
(304) 269-1210**

Application Date: _____

18 yr. old + Under 18 yr. old

Please advise us if any accommodation is needed to participate in the application process.

Last Name		First Name		MI
Social Security #		Home Phone		
Mailing Address			Birthdate:	
City	State	Zip	Email Address:	

Education and Work Experience	
Most Recent Employer:	Circle Last Grade Completed
Work Phone:	High School 9 10 11 12 Graduation Year:
Position Responsibilities:	College 1 2 3 4 Graduation Year:
	College Major

Volunteer Preferences	Availability																																
<input type="checkbox"/> Arts/Crafts Activities <input type="checkbox"/> Vocational Services <input type="checkbox"/> Patient Library Services <input type="checkbox"/> Gift Shop <input type="checkbox"/> Clerical Support <input type="checkbox"/> Fundraise with Friends <input type="checkbox"/> Religious Services <input type="checkbox"/> Community Based <input type="checkbox"/> Holiday Activities <input type="checkbox"/> Literacy Mentor <input type="checkbox"/> Recreation Activities <input type="checkbox"/> Special Events <input type="checkbox"/> Service Animal(s) <input type="checkbox"/> Music Fellow <input type="checkbox"/> Birthday Program <input type="checkbox"/> Wellness Activities <input type="checkbox"/> Cemetery Care <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Kindness Closet <input type="checkbox"/> Concierge Services	Please check the boxes for the days and times you are most often available to volunteer. <table style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="border: none;"></td> <td style="border: none;">S</td> <td style="border: none;">M</td> <td style="border: none;">T</td> <td style="border: none;">W</td> <td style="border: none;">T</td> <td style="border: none;">F</td> <td style="border: none;">S</td> </tr> <tr> <td style="border: none;">Morning</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">Afternoon</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">Evening</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>		S	M	T	W	T	F	S	Morning								Afternoon								Evening							
	S	M	T	W	T	F	S																										
Morning																																	
Afternoon																																	
Evening																																	
Interests/Special Talent/Hobbies	Hours: How often would you like to volunteer? Please circle what best applies: Weekly Monthly Annually																																
If you have a special talent you would like to share or other areas you would like to work, please indicate: 1 2 3 4 5	List other organizations you belong to: 																																

Do you know any patients currently receiving treatment at Sharpe Hospital?

Yes No If yes, explain. _____

Are you required to volunteer? Yes No If yes, by whom? _____

How did you hear about our Volunteer Program? _____

Have you ever been convicted of a crime? _____

Do you speak any languages other than English? _____

Are you educated in Sign Language or Braille? _____

EMERGENCY INFORMATION:

Name of person to contact in case of acute illness or accident: _____

Relationship: _____ Telephone No.: _____

REFERENCES:

List three (3) references (over 18 years of age and not related to you), including address, telephone number, and relationship to applicant:

(1) _____ Relationship to Applicant: _____

(2) _____ Relationship to Applicant: _____

(3) _____ Relationship to Applicant: _____

Applicant's Signature

Date

For Internal Use Only

References Interviewed By:

Name/Title Date

Reference Comments/Date Checked:

No.1

No.2

No.3

Additional Comments:

Please schedule volunteer for the following:

Initial

Fingerprinting Scheduled:

Date: Time: Completed

Background Check Submitted:

Date: Time: Completed

Infection Control Consultation Scheduled:

Date: Time: Completed

Orientation Training:

Date/ Time Scheduled: Completed

Date/Time Completed:

Volunteer Coordinator Authorization:

Start Date: Time (If Applicable):

Department/Supervisor: Notified via Email/Writing

Photo Consent Obtained: Y N N/A Swipe Issued: Y N N/A
ID Badge Issued: Y N N/A Key(s) Issued: Y N N/A