



For Office Use Only:

Application Date: _____

Interview Date: _____

Orientation Date: _____

Background Check: _____

WHEELING HOSPITAL ADULT VOLUNTEER APPLICATION

| | | | |
|-----------------------|-------------|---|------|
| Last Name: | First Name: | Middle Name: | |
| Address: | City: | State: | Zip: |
| Home Phone: | Cell Phone: | Social Security Number: ____-____-____ | |
| E-Mail Address: _____ | | Date of Birth: MM/DD/YY ____/____/____ | |

| Educational and Work Experience | |
|----------------------------------|-------------------------------------|
| Current Employer: _____ | Circle Last Grade Completed: |
| Work Phone: _____ | High School: 9 10 11 12 |
| Position Responsibilities: _____ | College: 1 2 3 4 |

| Experience/Skills | Check the appropriate boxes for availability: | | | | | | | |
|---|---|-----|-----|------|-----|-------|-----|-----|
| | | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
| <input type="radio"/> Community Service | Morning | | | | | | | |
| <input type="radio"/> Retail | Afternoon | | | | | | | |
| <input type="radio"/> Computer | Evening | | | | | | | |
| <input type="radio"/> Organization | | | | | | | | |
| <input type="radio"/> Office | | | | | | | | |

Are you required to Volunteer? _____Yes _____No

If yes, by whom? _____

How did you hear about our Volunteer Program? _____

Have you previously volunteered at Wheeling Hospital? _____Yes _____No

Have you ever been employed with Wheeling Hospital, Bishop Joseph Hodges Continuous Care Center, Howard Long Wellness Center, Wheeling Renal Care/Dialysis Center, Wheeling Clinic, Belmont Community Hospital or any other subsidiary of Wheeling Hospital? _____Yes _____No

Have you ever been convicted of, plead guilty, no contest or nolo contendere to a misdemeanor or felony?

_____Yes _____No

Please be aware that a criminal conviction will not necessarily be a bar to volunteering. Failure to honestly and completely answer this question will result in discontinued consideration of the volunteer program application.

If YES, please indicate:

County: _____ State: _____ Date: _____ where convicted.

Nature of offense committed and the sentence or penalty imposed on you:

Are you currently or have you ever been excluded or debarred from any federally funded health care program? _____Yes _____No

Are you currently or have you ever been listed on the Office of Inspector General List of Excluded Individuals/Entities (Cumulative Sanctions List), General Services Administration List of Parties excluded from Federal Programs or been subject to any other action that rendered you ineligible to participate in a federally funded health care program? _____Yes _____No

I certify that the information given on this application is true and complete to the best of my knowledge. I authorize the organization or person named in this application to give any information regarding my employment, education or records. I release said organizations or persons from all liability for any damage for issuing this information.

I understand that falsification or misinformation or omission of information herein may be cause for denial of or termination of volunteer service. I further authorize a background check with the appropriate agencies (i.e., consumer reporting agency, federal exclusion lists, etc.).

This organization is not obligated to provide a volunteer placement nor are you obligated to accept the volunteer position offered.

Personal or Professional References (Exclude Relatives)

| | | | |
|----------|-------|--------|-----------|
| Name: | | Phone: | |
| Address: | City: | State: | Zip Code: |

| | | | |
|----------|-------|--------|-----------|
| Name: | | Phone: | |
| Address: | City: | State: | Zip Code: |

Your Signature Indicates Your Approval For Reference Checks

| |
|------------------------|
| Applicant's Signature: |
|------------------------|

Wheeling Hospital Inc. believes in equal opportunity and does not discriminate against any individual in accordance with the requirements of local, state and federal law.

Please return to: Wheeling Hospital
Department of Volunteer Services
One Medical Park
Wheeling WV 26003

Telephone: 304-243-3303