



CATAWBA VALLEY MEDICAL CENTER

V O L U N T E E R S E R V I C E S

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

EMERGENCY CONTACT INFORMATION

1st Contact Name: _____ Phone: _____

2nd Contact Name: _____ Phone: _____

Please list any employment, education, training, or skills that may pertain to a volunteer position:

What time of day do you prefer to volunteer? Morning Afternoon Evening

Do you have a preferred area or service in which you prefer to volunteer? _____

If accepted as a volunteer, (APPLICATION DOES NOT GUARANTEE PLACEMENT), I will keep all patient information confidential and understand that not doing so will result in, dismissal as a volunteer. If I am injured while on duty, I will report to and inform the Volunteer Services Director. I understand that all positions are voluntary and have no monetary compensation and in no way will guarantee future employment.

Signature: _____ Date: _____

Please return application to: Catawba Valley Medical Center, Attn: Jill Hamrick, 810 Fairgrove Church Road SE, Hickory, NC 28602 or email to jhamrick@catawbavalleymc.org

Revised: 11/15/18