



Dear Friend,

Thank you for your interest in volunteering at Piedmont Newnan Hospital.

Volunteers provide valuable services to the hospital, its outpatient centers and our community. Volunteers make a real difference in our patients' lives: keeping family members informed, offering a warm and comforting touch or sharing a reassuring smile. Our volunteers use a wide variety of skills as they support the hospital staff in many areas of the hospital.

To begin the process of volunteering, please complete the following:

1. An application form
2. An interest survey
3. Submit two reference forms completed by non-family members

After completing the forms, please return them by mail or scan and e-mail them to the Volunteer Services Office at PNH.Auxiliary@piedmont.org. Once the application is reviewed, we will contact you to schedule an interview.

Because volunteers are held to the same high standards as hospital employees, there are several requirements to become a volunteer:

1. The satisfactory completion of a Criminal Background Check.
2. A health screening that includes a drug screen and a TB test which will be administered by the Occupational Health Department of the hospital.
3. Documentation providing proof of immunity/vaccine for Measles, Mumps, Rubella (MMR) and Varicella (Chicken Pox), as well as Tdap.
4. Attendance at an orientation session which will cover hospital and volunteer information, procedures and expectations.

We make every effort to assign our volunteers to their preferred service area and time; however, the needs of the hospital take precedence.

At Piedmont Newnan, we strive to make a positive difference in every life we touch. Therefore, we greatly depend on our volunteers to make a commitment to their volunteer service schedule. To ensure consistent support in all areas of volunteer service, *volunteering is not an avenue to employment at Piedmont Newnan Hospital.*

Thank you again for your interest in becoming a volunteer. If you need more information, please call the Volunteer Services Office at 770-400-2380, Monday-Friday from 8:30 a.m. to 4:30 p.m., or you can send us a message at the email provided above.

Warmest regards,

Piedmont Newnan Hospital
Department of Volunteer Services

745 Poplar Road | Newnan, GA 30265
 Office: 770.400.2380 | PNH.Auxiliary@piedmont.org

For Office Use Only
Date Received: _____
Date to HR: _____
Date Cleared: _____
Orientation Date: _____

Volunteer Membership Application

Contact Information *(Please print clearly)*
(All information must be completed in full.)

Last Name		First Name		Middle Initial	
Street Address					
City		State		Zip Code	
Mailing Address <i>{if different from above}</i>					
City		State		Zip Code	
Home Phone		Cell Phone		DOB (Mo/Day/Yr) <i>(Must be 18 or over)</i>	
E-Mail					

Previous Volunteer Experience

Name & Address of Organization	Duties	Dates	
		From	To

Employment History

Name & Address of Organization	Duties	Dates	
		From	To

References

Name	Address	Phone Number	Relationship
		()	
		()	
		()	

Emergency Contact Information *(Please include at least one local contact)*

Name	Address	Phone Number	Relationship
		()	
		()	

I understand that if I am chosen to be a Volunteer, it will be my responsibility to:

- Adhere to all Piedmont Healthcare policies and procedures, including the Code of Conduct.
- Attend a new member orientation and annual training.
- Complete health screening process with re-testing done annually (provided at no cost).
- Order and wear the approved volunteer uniform.
- Work a minimum of 75 hours per year.
- Find a replacement if I am unable to work my normally scheduled hours. If unable to find a replacement; contact my area team leader.

I have read and agree to the above and hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.

Signature: _____

Date: _____

You can scan and e-mail completed application to: PNH.Auxiliary@piedmont.org **or send via mail to:**

Piedmont Newnan Hospital
 Volunteer Services Department
 745 Poplar Road
 Newnan, GA 30265

Volunteer Interest Survey

Contact Information

Last Name		First Name		Middle Initial	
Street Address					
City		State		Zip Code	
Home Phone		Cell Phone		E-mail	

Availability

Check shift and days you available for volunteer assignments? (Note: exact hours vary by department needs.)

Weekday	Mon	Tue	Wed	Thu	Fri	Weekend	Sat	Sun
Morning						Morning		
Afternoon						Afternoon		

Special Skills or Qualifications

Summarize special skills and qualifications (such as computer skills, management training, etc.):

Additional Information

- Please list anything you are **not** able to perform (such as physical limitations, direct patient interaction, etc.):

- Please explain why you want to volunteer at Piedmont Newnan Hospital:

Additional Information

(Rank your first, second and third preference with a 1, 2, or 3 in the box next to the volunteer opportunity and put a check mark beside any other volunteer opportunity that is of interest to you outside your top three preferences):

<input type="checkbox"/> Cancer Wellness Program	Information Desk: <input type="checkbox"/> Hospital Lobby <input type="checkbox"/> Piedmont Medical Plaza <input type="checkbox"/> Sleep Center on Francis Way <input type="checkbox"/> Supply Chain	<input type="checkbox"/> Breast Health Center at the Piedmont Outpatient Center and/or Piedmont Medical Plaza
<input type="checkbox"/> Courtesy Cart (Parking Lot)		<input type="checkbox"/> Piedmont Fitness Center (36 W. Court Square)
<input type="checkbox"/> Emergency Services		<input type="checkbox"/> Infusion Center
<input type="checkbox"/> Surgical Services Reception Desk	<input type="checkbox"/> The Poplar Gift Shop	<input type="checkbox"/> Inpatient Units
<input type="checkbox"/> Chaplaincy (additional requirements will be needed)	<input type="checkbox"/> Wound Care	<input type="checkbox"/> Volunteer Dept. Administrative Duties

Signature: _____ Date: _____