



**Granville Health System**  
**1010 College Street**  
**Oxford, NC 27565**

# VOLUNTEER APPLICATION

**Phone: 919/690-3446**  
**Fax: 919/690-1430**  
**Website: www.ghsHospital.org**

*It is our policy to comply with all applicable federal laws prohibiting discrimination in selection of volunteers based on race, age, color, sex, religion, national origin, disability or other protected classification.*

**PLEASE PRINT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip  
 Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Have you lived in North Carolina the last 5 consecutive years?  Yes  No

Are you a U.S. citizen or an alien legally authorized to work in the United States?  Yes  No

How did you learn of this opening? [Website, walk-in, employee referral (name)]

Have you ever volunteered or been employed here before?  Yes  No Date: \_\_\_\_\_ Position: \_\_\_\_\_

Are there any hours, shifts, or days you cannot or will not volunteer? \_\_\_\_\_

Schedule preferred:  Part Time  Full Time  PRN (as needed)  Any  
 Shift preferred:  Days  Evenings/Nights  Any

Have you ever been convicted of a misdemeanor or felony?  Yes  No (Conviction will not necessarily disqualify an applicant for volunteering.)

If you answered yes, please describe conditions/conviction: \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR GED/DIPLOMA/DEGREE
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High School		
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College		
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College		
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Other training/education		
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Certification / Registration		List Certification/Registration No.
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In addition to your work history, what other experiences, skills, or qualifications do you possess that would be helpful at our facility?

\_\_\_\_\_  
 \_\_\_\_\_

Positions of interest: 1. \_\_\_\_\_ Date available to begin: \_\_\_\_\_

**PRIOR EMPLOYMENT** (start with most recent employer)

Employer	Phone (     )	From:	To:
Address (city, state, zip):		Position:	
Duties:		Supervisor's Name:	
Reason for leaving:			
Employer	Phone (     )	From:	To:
Address (city, state, zip):		Position:	
Duties:		Supervisor's Name:	
Reason for leaving:			
Employer	Phone (     )	From:	To:
Address (city, state, zip):		Position:	
Duties:		Supervisor's Name:	
Reason for leaving:			

**MILITARY SERVICE**

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

**PERSONAL REFERENCES**

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

The above information is true and complete to the best of my knowledge. Should I volunteer at Granville Health System, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. Granville Health System has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment or personal history, and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to Granville Health System. Granville Health System requires, at their discretion, a pre-placement drug screen, and the volunteer may be required to provide future drug screens as warranted.

I understand this application does not constitute a volunteer contract of any kind. Should I volunteer at Granville Health System, I may resign at any time at my discretion with or without prior notice and Granville Health System may terminate my volunteer services at any time at their discretion, with or without cause and with or without prior notice.

I understand I am applying for a position at a tobacco-free facility that does not permit smoking and the use of tobacco products in the building, on the grounds, or in the parking areas of any owned and leased property of Granville Health System.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_