



Tallahassee Memorial HealthCare Auxiliary Volunteer Application (Please Print in BLACK ink)

FOR OFFICE USE ONLY

Received _____	Spreadsheets _____	License _____
Copy to Membership Officer _____	Directory _____	SAM/OIG _____
Interview completed _____	Birthday _____	COVID _____
Orientation completed _____	Better Impact _____	Drug test _____
Committee assignment _____	Corresponding Secretary _____	Background _____
Lawson _____	Communications Chair _____	CHS _____

General Information

First Name:

Last Name:

Name Preferred on Badge:

Birth Date:

Address:

Phone:

Is this a home or cell phone?

Email:

Areas of Interest:

Category:

Emergency Contact

Name:

Relationship:

Phone:

Acknowledgement and Agreement

I agree:

Read the information below. If you agree to the conditions, please put your name next to “I agree:” at the bottom of the application.

AGREEMENTS AND ACKNOWLEDGMENTS

As a VOLUNTEER, I agree

- to complete the volunteer orientation;
- to comply with all the policies, procedures, rules, and regulations of Tallahassee Memorial HealthCare and the Volunteer Services Office;
- to authorize TMH to conduct all appropriate background and exclusion screenings in accordance with TMH policies and applicable laws and regulations;
- that Tallahassee Memorial HealthCare is not obligated to utilize my services as a volunteer, nor am I obligated to accept the volunteer assignment offered;
- that Tallahassee Memorial HealthCare may dismiss me at any time as a volunteer.

CONFIDENTIALITY: All information, records, or material concerning Tallahassee Memorial HealthCare patients are confidential and are protected from unauthorized viewing, discussion, or disclosure. Therefore, volunteers may look at, use, or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal.

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and Tallahassee Memorial HealthCare. I understand that I am applying to become a volunteer at TMH, not an employee. The information provided in this application is true in all respects, without any willful omissions.