

Office use only:

Interview date and time:

Name

(Last)

(First)

(Middle)

Adult Volunteer Application



**Volunteer Services
3000 New Bern Avenue
P.O. Box 14465
Raleigh, NC 27620-4465
(919) 350-8293**

**Volunteer Services
1900 Kildaire Farm Rd
Cary, NC 27511
(919) 350-2363**

Employer	Street	City	State	Zip Code
Job Title	Supervisor Name & Telephone Number		No. Supervised by you	
Date Employed (mo/ yr)	Date Separated (mo/yr)			
Reason for Leaving				
Duties				

Employer	Street	City	State	Zip Code
Job Title	Supervisor Name & Telephone Number		No. Supervised by you	
Date Employed (mo/ yr)	Date Separated (mo/yr)			
Reason for Leaving				
Duties				

Have you ever been dismissed or forced to resign from any job or volunteer position? Yes___ No ___

If yes, explain: _____

May we contact your present employer for a reference? Yes_____ No _____

APPLICANT AGREEMENT:

- ?? I certify that the information contained in this application is correct and complete to the best of my knowledge.
- ?? Acceptance into the Volunteers At WakeMed is contingent upon satisfactory completion of all pre-placement procedures which include, but may not be limited to, an interview, verification of references, criminal background investigation, orientation and tuberculosis screening.
- ?? I realize that misrepresentation of facts will be cause for rejection of this application. In the event of placement in the volunteer program, falsification of any information on this application will be cause for dismissal.
- ?? I authorize WakeMed to thoroughly investigate the information provided on this application and to conduct a Criminal Background Investigation. I will hold no person liable for giving or receiving information in this investigation.
- ?? I agree to abide by the policies of WakeMed.
- ?? I, _____, understand that upon both my successful completion of the volunteer placement processes required by WakeMed and the receipt of approval for service by Volunteer Services management, I will become a "volunteer". As a volunteer I acknowledge that I will not receive compensation for services and I will not be required to work. I acknowledge that I will receive a placement description to specify the department(s) I will be volunteering in prior to my placement(s). A signed copy of that (those) placement description(s) will be in my volunteer personnel file.

TO BE SIGNED BY VOLUNTEER APPLICANT AT INTERVIEW

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF VOLUNTEER SERVICES MANAGER: _____ **DATE:** _____

Revised: 08/02/2005