



Decatur County Memorial Hospital Volunteer Application

We are delighted that you have expressed an interest in becoming a DCMH volunteer!



Why are you interested in becoming a volunteer at DCMH?

Personal Information:		Today's Date: _____	
Legal Name (Last, First, Middle):			
Street Address:			
City:		State:	Zip Code:
Cell Phone:		Home Phone:	
Email:		Are you 18 years of age or older?: Yes No	
Availability (between hours of 8 a.m. and 5 p.m.):			
Morning		Monday	Tuesday
Afternoon		Wednesday	Thursday
		Friday	
Emergency Contact Information:			
Name of Contact:	Relationship:	Phone:	Address:
Name of Contact:	Relationship:	Phone:	Address:
Criminal Background History:			
Have you ever been convicted of a violation of a law or ordinance other than a minor traffic violation? _____			
Date:	Charge:	Place:	Action Taken:
Date:	Charge:	Place:	Action Taken:
Are you or have you ever been employed by Decatur County Memorial? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please Read Carefully and Sign

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that any falsification, misrepresentation, or material omission on this application is grounds for rejection of this application or removal from volunteer service. I authorize a criminal background check to be conducted on me with the report to be provided to Decatur County Memorial Hospital.

I agree that, if I am offered a volunteer assignment, I will consent to a health screening, including, but not limited to immunization records, Tuberculosis testing, and a drug screen. I understand that any offer of volunteer assignment is conditioned upon the satisfactory results of such screening. I also understand that I must comply with DCMH policy requiring an annual influenza vaccination.

The receipt of this application does not imply that I will be offered an opportunity to volunteer at DCMH. If I end up volunteering, I agree to comply with all rules, policies, and procedures that apply to volunteers at DCMH. This includes, but is not limited to, those which relate to confidentiality and safety.

I understand I am volunteering for civic, charitable, and/or humanitarian purposes; I have not been promised, I do not expect, and I will not receive compensation for volunteer service; if I end up volunteering for DCMH, I am free, and DCMH is free, to end my volunteer service at any time, with or without notice, for any reason; and, any volunteer service that I provide does not give rise to or create an employment relationship with DCMH.

Applicant's Signature: _____ Date: _____

DCMH PROVIDES OPPORTUNITIES FOR VOLUNTEERISM WITHOUT DISCRIMINATION DUE TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, SEXUAL ORIENTATION, AGE, GENETIC INFORMATION OR DISABILITY.

Please mail completed applications to:

**Decatur County Memorial Hospital
Attention Human Resources
720 N. Lincoln Street
Greensburg, IN 47240**

Or email application to:

diane.jones@dcmh.net

**If you would like an application mailed to you, please call Human Resources at
812-663-1137.**