



Harnett Health

Betsy Johnson Hospital



Adult Volunteer Application

(ages 18 and older)

Volunteer Services
P.O. Box 1706
Dunn, North Carolina 28335
910-892-1000 Ext. 4107
Attn: Bridgitte Lee

Office use only:

Interview date and time:



Volunteer Application
 P.O. Drawer 1706
 800 Tilghman Drive
 Dunn, North Carolina 28335
 910-892-1000 Ext. 4107

We consider applicants for all positions without regard to race, color, sex, religion, national origin, ancestry, age, disability, martial or veteran status, or any other legally protected status. Harnett Health System is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking. Harnett Health System is a drug free employer.

Please Print

Date: _____

Name: _____
Last First Middle

Home Address: _____
Street City State Zip

Mailing Address: _____
 If different from Home Address: P.O. Box, etc. City State Zip

Telephone: Home (____) - _____ Work: (____) - _____
 Email Address: _____ Cell: (____) - _____

How did you hear about us?

Newspaper _____ Job Fair _____ Friend _____ Employee _____
 Internet _____ Other _____

Have you ever worked / volunteered here before? Yes No If yes, when? _____

Personal references (other than relatives) – Please provide full mailing address:

Name	Street	City/State	Zip	Phone	Occupation	Years known
				Home: (____) _____ Work: (____) _____		
				Home: (____) _____ Work: (____) _____		
				Home: (____) _____ Work: (____) _____		

Education

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5

High School/College/Trade School Name and Address	Major Subjects /Degree	Dates		Graduate	
		From	To	Yes	No
1.					
2.					
3.					

Employer	Street	City	State	Zip Code
Job Title	Supervisor Name and Telephone Number			# separated (mo/yr)
Date employed (mo/yr)	Date separated (mo/yr)			
Reason for leaving				
Duties				

Employer	Street	City	State	Zip Code
Job Title	Supervisor Name and Telephone Number			# separated (mo/yr)
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:

1. I certify that the information contained in this application is correct and complete to the best of my knowledge.
2. Acceptance into the Volunteers at Harnett Health System 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.
3. 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.
4. I authorize Harnett Health System to thoroughly investigate the information provided on this application and to conduct a Criminal Background Investigation. I will not hold any person liable for giving or receiving information in this investigation.
5. I agree to abide by the policies of Harnett Health System.

Signature of Applicant: _____

Date: _____

Harnett Health System
Information / Disclosure Release Form

The purpose of this agreement is to inform you that as part of our procedure for processing your Employment application, an outside agency will make an investigative report and present it to us for review. The reports may include a Criminal Background Search, a Driving Record Check, a Credit Report and a Social Security Trace Report. By signing this document you are releasing any and all persons, companies, agencies, or others, from liability resulting from your background investigation.

PLEASE TYPE OR PRINT ALL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	
MAIDEN NAME #1	MAIDEN NAME #2	AKA	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	RACE
(**) DRIVERS LICENSE NUMBER	STATE	ISSUE DATE	

CURRENT ADDRESS YEARS _____ MONTHS _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

PREVIOUS ADDRESS YEARS _____ MONTHS _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

A) Have you ever been charged with a Felony or Misdemeanor? Yes _____ No _____
B) Have you ever been convicted of a Felony or Misdemeanor? Yes _____ No _____
If the answer is yes to questions A or B, please explain: _____

C) Do you have any pending charges? Yes No (please circle one) If yes, please explain: _____

D) Have you ever had any adverse legal actions imposed by Medicare, Medicaid, or any other federal agency or program?
Yes No (please circle one). If yes, please explain: _____

Your response to any of these questions will not automatically disqualify you from employment. However, if you answer "no" and a criminal history is found or if you answered "yes" but did not include all convictions, you will be disqualified from employment.

PLEASE READ CAREFULLY

I certify that all answers given herein are true and complete to the best of my knowledge.

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit records and/or criminal history. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize anyone possessing this information to furnish it to Harnett Health System and/or 3rd party company upon request and I release anyone so authorized, Harnett Health System and any 3rd party company from all liability and damages whatsoever in furnishing, obtaining it using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Harnett Health System.

I understand and agree that if employed, the employment will be "at will". That is, either I or Harnett Health System may end the employment relationship at any time, for any reason, or for no reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that neither this application nor receipt and consideration of this application by Harnett Health System imply an employment obligation.

Applicant's Signature _____ Date Signed: _____