



NORTH MISSISSIPPI
MEDICAL CENTER
VOLUNTEER SERVICES

ADULT VOLUNTEER APPLICATION

- Eupora
- Hamilton
- Iuka
- Pontotoc
- Tupelo
- West Point

Date _____

Personal Information

Name _____ Date of Birth: Month ____ Day ____ Year ____

Address _____

City _____ State _____ Zip _____

Primary Phone # _____ Cell Phone # _____ Email Address _____

College Student? Yes No If so, major: _____ Year in College _____

Employed Not Employed Occupation (current or former) _____

Do you speak another language? Yes No If yes, please list _____

Volunteer Information

When would you be able to volunteer? *(Please give specific days of the week and times of day)* _____

Would you be willing to fill in at other times? Yes No

Would you like to help NMMC with special events? Yes No

Please choose any of the areas that interest you:

- Ambassador Services (Wayfinding) Employee Health Cancer Care Nursing
- Pharmacy Short Stay Surgery Information Desks CCU
- Outpatient Registration Areas Waiting Areas Emergency Room Food & Nutrition
- Inpatient Hospice - Tupelo only Hospitality Carts Wellness Center Gift Shop
- Newspaper Delivery Rehab Nursing Homes: Baldwyn - Pontotoc - Hamilton
- Other _____

Do you have any special talents, skills, education or hobbies that would help you volunteer in these areas?

If yes, please list: _____

Volunteer Information (continued)

Have you ever worked or volunteered at NMMC before? Yes No

Have you ever volunteered at another hospital or organization before? Yes No

If yes, please list where and what your volunteer duties included: _____

Activities

Please list any community (school, church, etc.) activities in which you are involved:

Background Information

Have you ever been convicted or plead guilty to a crime? Yes No

If yes, please explain _____

References

Please list three (3) references not related to you: *(complete mailing addresses are required)*

Name _____ Phone # _____ Email _____

Relationship: Business Personal Years Acquainted _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone # _____ Email _____

Relationship: Business Personal Years Acquainted _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone # _____ Email _____

Relationship: Business Personal Years Acquainted _____

Address _____ City _____ State _____ Zip _____

I authorize NMMC/NMHS to check the listed references and verify the information contained in this application, and I hereby release all references from all liability for issuing information regarding this applicant. I also understand that I will be required to submit to a background check, TB skin test and produce a childhood immunization record if born in 1957 or after, or submit to immunizations, as regulated by NMMC and CDC policies. If accepted as a volunteer at NMMC/NMHS, I understand that I am subject to removal if any of the information on this application is false or has been omitted, and that I may be asked to furnish documents supporting the statements herein.

Applicant Signature _____

Date _____

PLEASE MAIL APPLICATION TO APPROPRIATE FACILITY:

North Mississippi Medical Center-Eupora

Attn: Volunteer Services
70 Medical Center Plaza
Eupora, MS
(662) 258-9306

North Mississippi Medical Center-Hamilton

Attn: Volunteer Services
1256 Military Street South
Hamilton, AL 35570
(205) 921-6272

North Mississippi Medical Center-Iuka

Attn: Volunteer Services
1777 Curtis Drive
Iuka, MS 38852
(662) 423-4530

North Mississippi Medical Center-Pontotoc

Attn: Volunteer Services
P.O. Box 790
Pontotoc, MS 38863
(662) 489-7638

North Mississippi Medical Center-Tupelo

Volunteer Services Department
830 South Gloster Street
Tupelo, Mississippi 38801
(662) 377-3131

North Mississippi Medical Center-West Point

Attn: Volunteer Services
835 Medical Center Drive
West Point, MS 39773
(662) 495-2141

North Mississippi Health Services does not discriminate based on national origin, age, race, sex, religion, covered disabilities and other protected status. These are not factors considered for volunteerism at North Mississippi Health Services.

FOR OFFICIAL USE ONLY

Interview _____ Orientation _____ Background Check _____ Reference Check _____ Employee Health _____

CPR Certification _____ Volunteer Area _____ Days/Hours _____