



NORTH MISSISSIPPI  
MEDICAL CENTER  
VOLUNTEER SERVICES

## ADULT VOLUNTEER APPLICATION

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

Date \_\_\_\_\_

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Name \_\_\_\_\_ Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

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:

- |                                                                   |                                                                                                                       |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Wellness Center: Tupelo-Pontotoc-Baldwyn | <input type="checkbox"/> Nursing Homes: Baldwin - Pontotoc - Hamilton                                                 |
| <input type="checkbox"/> Women's Center                           | <input type="checkbox"/> Employee Health <input type="checkbox"/> Cancer Care <input type="checkbox"/> Nursing        |
| <input type="checkbox"/> Pharmacy                                 | <input type="checkbox"/> Short Stay Surgery <input type="checkbox"/> Information Desks <input type="checkbox"/> CCU   |
| <input type="checkbox"/> Pre-admission Testing                    | <input type="checkbox"/> Cardiology <input type="checkbox"/> Emergency Room <input type="checkbox"/> Food & Nutrition |
| <input type="checkbox"/> Inpatient Hospice - Tupelo only          | <input type="checkbox"/> Hospitality Carts <input type="checkbox"/> Healthworks! <input type="checkbox"/> Gift Shop   |
| <input type="checkbox"/> Rehab                                    |                                                                                                                       |
| <input type="checkbox"/> Other _____                              |                                                                                                                       |

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

If yes, please list: \_\_\_\_\_

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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: \_\_\_\_\_

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**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 EMAIL OR MAIL APPLICATION TO APPROPRIATE FACILITY:**

**North Mississippi Medical Center-Eupora**

Attn: Volunteer Services  
70 Medical Center Plaza  
Eupora, MS  
(662) 258-9306  
LGore@NMHS.net

**North Mississippi Medical Center-Hamilton**

Attn: Volunteer Services  
1256 Military Street South  
Hamilton, AL 35570  
(205) 921-6272  
ALawler@NMHS.net

**North Mississippi Medical Center-Iuka**

Attn: Volunteer Services  
1777 Curtis Drive  
Iuka, MS 38852  
(662) 423-4530  
JPruitt@NMHS.net

**North Mississippi Medical Center-Pontotoc**

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

**North Mississippi Medical Center-Tupelo**

Volunteer Services Department  
830 South Gloster Street  
Tupelo, Mississippi 38801  
(662) 377-3131  
Jvaughn@NMHS.net

**North Mississippi Medical Center-West Point**

Attn: Volunteer Services  
835 Medical Center Drive  
West Point, MS 39773  
(662) 495-2141  
AComer@NMHS.net

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 \_\_\_\_\_