

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name	Relationship	Phone #
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Type of setting I am interested in working (please check all that apply):

- Direct Patient Contact** – These positions utilize your time and talents in giving quality care and attention to our patients under the guidance of staff supervision.
- Customer Service** – These positions give you an opportunity to work with family members and act as a liaison for Atlanta Medical Center in helping support our patients and families.
- Administrative Support** – These positions support the many Atlanta Medical Center departments who are in need of clerical assistance.

Please indicate which times you prefer (please check all that apply):

Weekdays:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Weekends:	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun				<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings

The Volunteer Services Department is not obligated to utilize your services as a volunteer nor are you obligated to accept the volunteer assignments offered.

Statement of Responsibility

If accepted as a Volunteer at Atlanta Medical Center, I pledge to hold in strict confidence, all personal and official matters which come to my attention. It is my responsibility to respect and preserve the privacy of the patient as well as any details involved.

Signature

For Office Use Only			
Reference Letter Sent: __ / __ / __	Received (1) ____ (2) ____	Background: __ / __ / __ - __ / __ / __	
Delayed Process Letter: __ / __ / __	Orientation Letter Sent: __ / __ / __	Interview: __ / __ / __	
TB Screen: __ / __ / __	Attended Orientation: __ / __ / __		
Volunteer Assignment: _____		Days: _____	