**Sweetwater Hospital Association**

**Volunteer Application**



Thank you for your interest in Sweetwater Hospital’s Volunteer program. Volunteers play an important part in our hospital’s effort to deliver the highest quality care in our region. The generosity of community volunteers has supported Sweetwater Hospital in its mission to provide the best quality care for our patients and their families, no matter their ability to pay since 1936.

Volunteer positions are available in both direct and indirect patient care areas. New volunteer placements are based on availability and appropriateness of the applicant to the volunteer program and will be determined by the Volunteer Services Department based on the information you submit, a personal interview, and a criminal background check.

In order to begin the application process, please complete and return the following forms:

Form Checklist:

 **Volunteer Application**

 **Placement Preference Form**

 **Skill bank Assessment**

 **Reference Sheets (2)**

Note that your two references should mail their completed reference forms directly to us at the following address. We will match them with your application. We recommend providing your references with stamped addressed envelopes. When all of the sheets (7 total, no need to return this cover) have been returned to the address below, we will move forward with the application process:

**Sweetwater Hospital Association**

**Volunteer Services Coordinator & Director**

**Joe Anderson, MHA**

**304 Wright Street**

**Sweetwater, TN 37874**

After receiving your information, a representative of the Volunteer Services Department will contact you to let you know your next step in the application process. Email is our most utilized contact route. If you do not have an email address, you will be contacted by mail or phone. Please note the application process takes approximately four weeks.

Thank you for your desire to be of help to our patients, their families and our staff. If you have any questions, please do not hesitate to contact us at (865) 213-8531.

**Sweetwater Hospital Association’s Volunteer Application**

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**Section I – Personal Information**

**Please Print Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial:\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a Student, School/College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check here if we can call you at work I am over the age of eighteen (18).

Please check the days and specific shifts you are usually available for a volunteer assignment

(shifts are: Morning 8:30 a.m. – 12:30 p.m., Afternoon: 12:30 – 4:30 p.m., and Evening 4:30 – 8:30 p.m.)

Saturday

\_\_Morning

\_\_Afternoon

\_\_Evening

Friday

\_\_Morning

\_\_Afternoon

\_\_Evening

Thursday

\_\_Morning

\_\_Afternoon

\_\_Evening

Wednesday

\_\_Morning

\_\_Afternoon

\_\_Evening

Tuesday

\_\_Morning

\_\_Afternoon

\_\_Evening

Monday

\_\_Morning

\_\_Afternoon

\_\_Evening

**Please select the type of volunteer activity you are interested in.**

 **Clerical/Office Support Services (info desk, gift shop, etc.)**

 **Patient Care**

**How did you hear about Sweetwater Hospital?**

 **Friend Newspaper**

 **Hospital Employee Internet**

 **Volunteer Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Position Application**

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**Section II – Volunteer Interest and Experience**

What would you like to do as a volunteer at Sweetwater Hospital?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why would you like to volunteer for Sweetwater Hospital? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you enjoy most in a volunteer assignment? What do you wish to avoid? \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any specific interests that you wish to pursue as a volunteer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Some volunteer jobs require volunteers to work independently without direct supervision. Do you prefer to have a supervisor readily available or are you comfortable working alone? \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any applicable education or work experience that you have.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any additional skills we might like to know about.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List any other volunteer experience you may have:

**Name of Organization** **Dates**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Position Application**

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**Section III – Background Reference:**

A background check will be performed upon acceptance into this volunteer program.

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please complete the following for each:

Offense:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disposition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conviction records will not necessarily be a bar to volunteer opportunities, factors such as age at the time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.

**Provide three references that are familiar with your qualifications.**

*No family members please.*

Name Mailing address Phone Number

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Verify Content & Agreement to Volunteer Covenants:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant) hereby authorize verification of all statements herein and release Sweetwater Hospital and all others from liability in connection with the same. In addition, I also agree to uphold the covenants below, the policies, guidelines and/or regulations of Sweetwater Hospital Association.

**Volunteer Covenants:**

1. I shall hold as absolutely confidential, all information that I obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information.
2. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
3. I shall submit to an annual tuberculin skin test and any other health examination which may be necessary as part of my volunteer service.
4. I understand that it is required I take safety and educational classes yearly.
5. I shall be punctual and conscientious, conduct myself with dignity, courtesy and with consideration of others, and endeavor to make my work professional in quality.
6. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
7. I shall at all times uphold the philosophy, standards, and guidelines of the hospital.
8. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continued services as a volunteer, contrary to the best interest of the hospital.
9. I understand that if my health declines or I become impaired in some way, my volunteer assignment may change to fit my abilities and the hospital’s needs.
10. I understand that this is a smoke free and drug free work place. I understand that the unlawful manufacture, distribution, sale, possession, or use of controlled substance or illegal drugs by SHA volunteers is prohibited on SHA time and in and on SHA’s owned or controlled property.
11. I understand that the Volunteer Department is not obligated to provide placement, nor am I obligated to accept the position offered.
12. I will take any problems, criticisms, or suggestions to the director of Volunteer Services.
13. I understand that it is against hospital policy to stop physicians and discuss personal medical issues with them in any part of the organization. This hampers the physician’s ability to see his patients in a timely and efficient manner. Interruptions by volunteers are not tolerated and could lead to dismissal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Signature Date

**Volunteer Position Application**

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**Placement Preference Form**

Please return this form with your application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place a check in the box next to each volunteer position that interests you. This information is important in matching your interests with the volunteer positions currently available. If a position is not available in your area(s) of interest when your application is received, your application will be kept on file for 90 days and reviewed periodically for a match within that 90-day period.

\*Positions in italics are available only during the weekday, daytime hours.

* ***Central Services****: Sort supplies, label items, deliver materials to patient floors.*
* ***Pediatric Clinic****: Work with nursing staff and registration to move patients and charts.*
* **Floor Volunteer**: Assist with patient and family needs.
* ***Gift Shop****: Assist the gift shop with cashiering, sales, and stocking merchandise.*
* **Emergency Department**: Assist in lobby area and provide directions to patients and families; assist staff as needed; various errands and general clerical work.
* ***Information Greeters****: Staff the main lobby desk. Answer phone, escort patients and/or families to rooms, provide directions.*
* ***Surgery Waiting****: Host/Hostess in the surgery waiting room, answer phone, provide family assistance.*
* ***Patient services volunteer****: Distribute magazines and books. Help meet social needs of patients and their families.*
* ***Staff support volunteer****: This would include miscellaneous clerical work throughout the organization on an as needed basis. Job assignments most likely will change but will be consistent within the scope of pertaining to clerical functions.*

**Volunteer Position Application**

**Reference Sheet**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied to Sweetwater Hospital to be a volunteer. It’s mandatory that all applicants submit two (2) references. Please return this form to the Volunteer Services Department as soon as possible. The application will not be processed until reference forms are returned.

Please indicate how you perceive this applicant in each of the categories.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Category | Not Observed | Excellent | Very Good | Average | Fair | Poor |
| Promptness |  |  |  |  |  |  |
| Initiative |  |  |  |  |  |  |
| Emotional Maturity |  |  |  |  |  |  |
| Verbal communication skills |  |  |  |  |  |  |
| Demeanor/disposition |  |  |  |  |  |  |
| Ability to work as a team |  |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |  |
| Ability To understand and adhere to organizational structure, policies and procedures. |  |  |  |  |  |  |
| Ability to work with children & adults |  |  |  |  |  |  |
| Ability to fulfill commitments/ responsibility |  |  |  |  |  |  |
| Ability to manage stressful situations |  |  |  |  |  |  |
| Ability To follow instructions |  |  |  |  |  |  |
| Task performance |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship & # of years known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Return to:**

**Sweetwater Hospital Association**

**Volunteer Services**

**304 Wright Street**

**Sweetwater, TN 37874**

**Volunteer Position Application**

**Reference Sheet**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied to Sweetwater Hospital to be a volunteer. It’s mandatory that all applicants submit two (2) references. Please return this form to the Volunteer Services Department as soon as possible. The application will not be processed until reference forms are returned.

Please indicate how you perceive this applicant in each of the categories.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Category | Not Observed | Excellent | Very Good | Average | Fair | Poor |
| Promptness |  |  |  |  |  |  |
| Initiative |  |  |  |  |  |  |
| Emotional Maturity |  |  |  |  |  |  |
| Verbal communication skills |  |  |  |  |  |  |
| Demeanor/disposition |  |  |  |  |  |  |
| Ability to work as a team |  |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |  |
| Ability To understand and adhere to organizational structure, policies and procedures. |  |  |  |  |  |  |
| Ability to work with children & adults |  |  |  |  |  |  |
| Ability to fulfill commitments/ responsibility |  |  |  |  |  |  |
| Ability to manage stressful situations |  |  |  |  |  |  |
| Ability To follow instructions |  |  |  |  |  |  |
| Task performance |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship & # of years known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Return to:**

**Sweetwater Hospital Association**

**Volunteer Services**

**304 Wright Street**

**Sweetwater, TN 37874**