

**FOR OFFICE USE  
ONLY**

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Drug Test  
Time Card  
Mtg. Notification  
Birthday  
Active Mailing  
Name Tag  
HBO  
Meal Roster  
  
Parking Pass

**Washington Regional Medical Center  
Application for Volunteer Services**

**NAME:** \_\_\_\_\_

**HOME or CELL PHONE:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**If employed, business phone & employer:** \_\_\_\_\_

**Your e-mail address:** \_\_\_\_\_

**• IN CASE OF EMERGENCY, NOTIFY:**

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **CELL or BUSINESS PHONE:** \_\_\_\_\_

**Have you ever been employed or worked as a volunteer at Washington Regional Medical Center?**

**EMPLOYEE:** \_\_\_\_\_ **NO** \_\_\_\_\_ **YES** **VOLUNTEER:** \_\_\_\_\_ **NO** \_\_\_\_\_ **YES**

**IF YES; From** \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ **to** \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ **Department:** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC OFFENSE?** \_\_\_\_\_ **NO** \_\_\_\_\_ **YES**

**If YES, specify the nature of the crime and when committed** \_\_\_\_\_

Relatives or friends within the hospital (medical staff, employees, other volunteers, board of directors, etc.) \_\_\_\_\_

**Personal References:**

• NAME: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

• NAME: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous work experience:**

**Volunteer:** \_\_\_\_\_

**Employment:** \_\_\_\_\_

**Education or Special Training:** \_\_\_\_\_

**Skills & Talents:** \_\_\_\_\_

**Hobbies and special interests:** \_\_\_\_\_

**Do you have any physical limitations, health trouble, or other disabilities which will limit your assignment and/or your level of performance?**

\_\_\_\_ NO      \_\_\_\_ YES      **If YES please explain** \_\_\_\_\_

**What type of volunteer work are you interested in doing? (select from the list provided)**

**Days and hours preferred**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

DAY-TO-DAY VOLUNTEER OPPORTUNITIES

Surgery Waiting Room	(M-F) 7:00 a.m-12:00p.m & 12:00p.m-4:00p.m & 4:00 – 7:00 p.m.
Ambulatory Care Unit	(M-F) 7:00 a.m.- 11:00 a.m. & 11:00 a.m. – 3:00 p.m.
Information Desk  Center for Exercise	Monday - Friday      Saturday – 11:00 a.m. – 3:00 p.m. 9:00 a.m. – 12:30 p.m.      Sunday – 1:00 p.m. – 4:30 p.m. <u>12:30 p.m- 4:30 p.m &amp; 4:30 p.m. – 8:30 p.m.</u>  Flexible
ICU/CCU Information Desk	(Daily) 8:00a.m-12:30p.m & 12:30p.m-4:30p.m
WRMC Gift Shop	(M-F) 9:00a.m-12:30p.m & 12:30p.m-4:30p.m (Saturday) 11:00a.m-3:00p.m (Sunday) 1:00 -4:30 p.m.
Ronald McDonald House	Daily – flexible hours
Emergency Department  _____	Daily 6p.m-10p.m ;    Sat & Sun 10-2 p.m & 2 – 6 p.m  _____
Labor/Delivery Waiting Room Greeter	Daily 6 p.m. – 9 p.m.

**Why do you wish to become a volunteer at Washington Regional  
Medical Center?**

**Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper volunteer position for you in our hospital, use the space below to summarize any additional information about your interest and describe your qualifications.**

**A volunteer will follow the same guidelines as a hospital employee at work. As a WRMC Volunteer, I'll not take an assignment that I can't fulfill. I will try to find a substitute if I'm unable to work my job or I will call the Director of Volunteer Services.**

**Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Thank you for completing this application form and for your interest in volunteering at Washington Regional Medical Center.**

**Jimmie Beauchamp  
Director of Volunteer Services  
Washington Regional Medical Center  
3215 N. North Hills Boulevard  
Fayetteville, AR 72703**

**Office 479.463.1085  
Fax 479.463.1565  
[jbeauchamp@wregional.com](mailto:jbeauchamp@wregional.com)**