



Carolinan HealthCare System

No One Dies Alone Volunteer Application Form

Name _____
(Last) (First) (Middle initial)

Address _____
(Street) (P.O. Box)

(City) (State) (Zip Code)

Phones (H) _____ (C) _____ (W) _____

Email Address _____

Volunteers must be 18 years or older to be considered for the adult volunteer program. Do you meet this requirement? _____yes _____no

I have completed: _____ High School _____ Some College _____ College _____ Graduate School

Previous Experience:

(a) Employer(s) _____

(b) Volunteer _____

(c) Other _____

Please give us any other information you feel would be pertinent to your application (interests, skills, training, etc)

Completing an application does not assure placement. Applicants will be chosen on the basis of personal interests and qualifications, keeping in mind the best interest of both the applicant and the medical center. The first month will be mutually probationary. A signature indicates that any and all services are donated without compensation or future employment, an approval to check references, conduct criminal background checks, contact your physician regarding physical/emotional health, and obligates you to adhere to all the rules and regulations of Carolinas HealthCare System Lincoln.

Date _____ Signature _____

***This application will not be accepted without signatures.**

***Return to: Volunteer Services
Carolinan HealthCare System Lincoln
P.O. Box 677
Lincolnton, NC 28093
(980) 212-1008**

REVISED: 3/25/11, 10/11/12,
03/05/13, 11/14/13, 01/21/16



Carolinah HealthCare System

No One Dies Alone Volunteer Reference Form

(To be completed by someone in church leadership)

Name of applicant: _____

Please complete this reference form in regard to the applicant's suitability to become a volunteer at Carolinas HealthCare System Lincoln. We appreciate your honest opinion and hope that you will feel free to express any concerns that you may have. If you wish to further discuss any issues, please call (980) 212-1008. Thank you for your assistance.

Name: _____

Phone: _____

Relationship to applicant: _____

How long have you known the applicant? _____

Please describe any special skills, strengths and abilities this applicant will bring to the volunteer program:

Do you consider the applicant a responsible/dependable person? Why or why not?

Please rate his or her maturity level: (low) 1 2 3 4 5 (high)

Would you recommend the applicant as a "No One Dies Alone" volunteer for Carolinas HealthCare System Lincoln? Why or why not? _____

Additional comments: _____

Signature: _____ Date _____



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