

**TriStar  Centennial**  
**MEDICAL CENTER**

Volunteer Services 2300 Patterson Street Nashville, TN 37203  
[CENT.Volunteers@HCAHealthcare.com](mailto:CENT.Volunteers@HCAHealthcare.com)  
Office 615-342-1753 Fax 615.342.1759

**Volunteer Application- Adult**

Please print clearly using black ink

Name \_\_\_\_\_ Spouse Name \_\_\_\_\_  
Last First Middle City Zip  
Home Address \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Birthday (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security # \_\_\_\_\_ Email Address (required): \_\_\_\_\_

**Education:**

Education (circle highest year completed) Grade: 6 7 8 9 10 11 12 College: 1 2 3 4 5 6  
Degree \_\_\_\_\_ Year \_\_\_\_\_ Field of Interest/Major \_\_\_\_\_  
Currently enrolled Y N School \_\_\_\_\_ Expected Completion Year \_\_\_\_\_

**Current Employment:**

Name of Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Years \_\_\_\_\_ Months

**Volunteer Experience:**

Organization \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates \_\_\_\_\_  
Email \_\_\_\_\_ Address \_\_\_\_\_  
Organization \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates \_\_\_\_\_  
Email \_\_\_\_\_ Address \_\_\_\_\_  
Special skills, training, interests, languages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any condition(s) which may limit your ability to perform volunteer duties? Y N If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

How did you become interested in Centennial's volunteer program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer area(s) of interest:**

- First available / current facility needs
- Hospitality Cart
- Lobby Greeter / Way Finding
- Patient Mail Delivery
- Pet Therapy (must be certified)
- Departmental / Unit Support
- NICU rocker
- Chaplain
- Children's Hospital
- No One Dies Alone (NODA)
- Other \_\_\_\_\_

Is volunteering a requirement? Y N If yes, explain: \_\_\_\_\_

**Schedule Preferences (minimum 4 hours per week preferred):**

Are you able to volunteer 3-4 hours per week on a regular basis for at least 6 months? Y N Preferred

Days/Times \_\_\_\_\_ How many days/week? \_\_\_\_\_

Please circle the days of the week you are available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

**References: Excluding relatives (EMAIL preferred)**

Name \_\_\_\_\_ phone/email \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ phone/email \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been convicted of a crime? Y N If yes, explain: \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**Agreement:**

I certify that all answers and statements I have made on this application and/or other supplemental materials are true and accurate. I acknowledge any misrepresentations, omissions of facts, misleading or false information, and not abiding by rules, regulations or policies will be grounds for dismissal as a volunteer. I understand acceptance as a volunteer is contingent upon favorable references, background investigation, satisfactory proof of identity, and all other mandatory requirements such as immunizations, training, and provisional periods. I hereby authorize TriStar Centennial Medical Center to perform the necessary background investigation. I understand it is my responsibility to read and abide by the rules and regulations of TriStar Centennial Medical Center and perform my assigned volunteer duties to the best of my ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Volunteer at Centennial**

Thank you for your interest in applying to volunteer at our hospital and wanting to make a difference! Our goal is to ensure a positive volunteer experience for both you and the organization. Please note if you have experienced a recent death, we ask that you wait at least one year to apply. Also, if you are currently seeking employment, please wait to apply until after you are settled in your new job. All our volunteer placements provide needed volunteer support and are not prospective job openings. Placements are based on service needs in accord with volunteer abilities and availability. Please expect a significant waiting period due to the number of applicants as well as the extensive on-boarding process outlined below.

We accept adult volunteers starting at age 18 post-high school and student/teens ages 15-18.

A hospital volunteer must complete the following requirements:

- Application form / References
- Interview with Volunteer Director or designee
- Background check
- Health / immunization requirements: **\*\*Please begin obtaining copies of proof\*\***
  - ❖ Annual TB screening (within last 12 weeks)
  - ❖ MMR immunity (Measles, Mumps, Rubella) – can be two documented vaccinations or proof of positive titers
  - ❖ Varicella (Chicken pox) screening – can be proof of disease, two documented vaccinations or positive titer
  - ❖ TDAP (Tetanus, Diphtheria, Pertussis) vaccine **as an adult**
  - ❖ Flu shot (seasonal October – March only)
- Volunteer orientation / Obtain hospital ID badge
- Scheduled volunteer service at least 3-4 hours per week for at least 6 months

Applications can be found online at [www.TriStarCentennial.com](http://www.TriStarCentennial.com) under the careers menu. Application materials can be mailed, emailed or faxed to 615-342-1759. Further information is available by emailing the Volunteer Services Department at [CENT.Volunteers@HCAHealthcare.com](mailto:CENT.Volunteers@HCAHealthcare.com).

Hospital volunteering requires a lengthy process and commitment. Other more immediate TN volunteer opportunities found at:

[www.hon.org](http://www.hon.org)

[www.VolunteerMatch.org](http://www.VolunteerMatch.org)