



Dear Prospective Volunteer:

Thank you for your interest in volunteering at White River Health. We are pleased that you have chosen our hospital.

All volunteers are required to give a minimum of one four-hour shift per week. In addition, the following is required:

- In-person interview once application is returned. The address for interview and to return application is the WRH Foundation Office: 1989 Harrison Street in Batesville. For Mountain View, please return to Stone County Medical Center.
- Government issued ID
- Criminal Background check (Conducted by White River Health)
- Two-step Tuberculosis screening: this involves a TB shot, then a reading, and coming back again for a second TB shot and second reading (Provided by White River Health)
- Flu shot is required annually. If you fill out this application during flu season, a flu shot is required before the first volunteer shift.
- Review and acknowledge information in handbook. Sign confidentiality statement when TB tests are approved.
- Badge and complimentary uniform is required for every volunteer shift. (Jacket or vest – this is provided)
- Attend scheduled training courses throughout the year.

Note: We do not participate in Court-ordered Community Service.

Applicants are accepted based on an interview and the needs of the hospital. If you have any questions, please contact the Volunteer Services Department at (870) 262-1809.

Again, thank you for your interest in joining the Volunteer team at White River Health.

Sincerely,
Volunteer Services



Volunteer Application

Name: _____ Phone (daytime): _____

Address: _____
Street / P.O Box City State Zip

Email: _____

What WRH facility are you applying to? ☐ White River Medical Center ☐ Stone County Medical Center

Marital Status: ☐ Single ☐ Married If married, spouse's name: _____

Age Group: ☐ 18-25 ☐ 26-34 ☐ 35-49 ☐ 50-60 ☐ over 60

Education (Highest Level Completed)

☐ No High School Diploma ☐ High School Diploma/GED/Alternative Credentials

☐ Some College ☐ Bachelor's Degree ☐ Master's Degree, Professional Degree or Doctorate Degree

The information below is used to determine the areas that best fit your interests/talents:

Special Training: _____

Hobbies, interests, or other special skills: _____

Computer skills: _____

Healthcare areas of interest: _____

Previous work experience: _____

Previous volunteer experience: _____

How did you learn about the volunteer program? _____

If referred by a WRH volunteer, please provide their name: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please provide date and details: _____

Days of the week you are available to volunteer:

☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat ☐ Sun.

Please check the area where you prefer to Volunteer:

☐ Patient/family service area ☐ Visitor/family service area

☐ Gift shop ☐ Staff-support service area

How did you become interested in the volunteer program? _____

Have you previously served as a volunteer for White River Health (WRH)? ☐ Yes ☐ No

Are you currently employed, or have you been previously employed by WRH? ☐ Yes ☐ No

Please provide contact information for two personal references: (*Please exclude relatives*)

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

Emergency contact: _____ Daytime Phone: _____

Relationship to applicant: _____

The information I have provided is accurate to the best of my knowledge. Your signature indicates approval to contact references provided. The organization is not obligated to provide volunteer placement, nor are you obligated to accept the volunteer position offered. Volunteer opportunities are provided without regard to religion, creed, race, national origin, age, or gender orientation. WRH Volunteers are subject to the regulations of the Health Privacy Portability and Accountability Act (HIPAA) and are required to sign a Confidentiality Statement.

Applicant Signature: _____ Date: _____

White River Health Volunteer Services
1989 Harrison Street
Batesville, AR 72501

To check on the status of your application or to arrange an interview, please call 870-262-1809
Annie Solis, White River Medical Center, Marketing Manager

asolis@whiteriverhealth.org

Jenny Ellzey, SCMC Coordinator of Volunteer Services

jellzey@whiteriverhealth.org

Michele VanWinkle, Executive Director, Marketing, Foundation, & Volunteer Services

mwood@whiteriverhealth.org