

TWIGS:

Number

# TWIGS Application



## TWIGS of Licking Memorial Hospital

Togetherness, Willingness, Imagination, Giving, Sharing

Middle

First

Last

Name:





TWIGS of  
Licking Memorial Hospital  
Together, Willingness, Imagination, Giving, Sharing

# TWIGS Application

Today's date: \_\_\_\_\_

## GENERAL INFORMATION

Mr., Mrs., Ms., Miss: \_\_\_\_\_  
Last name First name Middle initial

Address: \_\_\_\_\_  
Street City State Zip code

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_\_\_

Completed education:  High school  College  Post graduate degree

Degree(s): \_\_\_\_\_

Work status:  Employed  Unemployed  Retired  Homemaker

Last place of employment: \_\_\_\_\_

If presently employed, name of company: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_ Work hours and days: \_\_\_\_\_

## IN AN EMERGENCY, PLEASE NOTIFY:

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Have you ever committed, been convicted of, pleaded guilty to, pleaded no contest to or entered a plea to a felony or misdemeanor?

*Note: Conviction of a crime is not necessarily grounds for disqualification.*

No  Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## SKILLS / INTERESTS

Do you currently work in retail or have you worked in retail in the past?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How did you become interested in TWIGS? \_\_\_\_\_

\_\_\_\_\_

Are there any work activities or conditions that you must avoid? \_\_\_\_\_

\_\_\_\_\_

Any additional information that you care to add: \_\_\_\_\_

\_\_\_\_\_

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## PERSONAL REFERENCES

Please do not use relatives as references. At least one reference for whom you have worked is preferred.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## CONFIDENTIALITY/CONSENT

The information provided in this application is true in all respects without any willful omissions. I give my consent for a representative of the Volunteer Office or TWIGS to contact the references listed and to do a credit check and/or background check.

### As a TWIGS volunteer, I would...

- I agree to complete the assigned training period until I have been deemed competent to perform the required duties.
- I agree to comply with all the rules and regulations of the Hospital and TWIGS.
- I understand that I may be dismissed from my duties for willful wrong doing or negligence and/or performing duties outside of my service description.
- I agree to follow established protocol should I not be able to work my assigned shift.
- I understand that TWIGS is not obligated to utilize my services as a volunteer, nor am I obligated to accept the volunteer assignment offered.
- I agree that I am performing duties as a volunteer and am not entitled to compensation.

**CONFIDENTIALITY: It is the belief of this Hospital that all medical, financial and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion and disclosure. Therefore, TWIGS volunteers may review, use or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion or disclosure will provide grounds for immediate dismissal.**

I acknowledge and have read the statements above and agree to abide by the expectations of the TWIGS and the Volunteer Department and LMHS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Opportunities for Volunteers are provided without regard to religion, creed, race, national origin, age, sex or disability.**

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**Please return the completed application to:  
Director of Development  
Licking Memorial Hospital  
1320 West Main Street  
Newark, Ohio 43055  
Development Department: (220) 564-4102**

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