

Title: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle Initial*

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

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

Church Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Military Service:  Yes  No

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

Church affiliation: \_\_\_\_\_

Do you speak a foreign language?  Yes  No If yes, what language? \_\_\_\_\_Do you know sign language?  Yes  No**CONFIDENTIALITY STATEMENT**

I understand that as a Decatur Morgan Volunteer, I will not be paid for services. I agree, in the performance of my duties, I must hold in strictest confidence any observations I may make or hear regarding patients, patients' families or hospital staff.

I understand that intentional or involuntary violation of confidentiality may result in disciplinary action including termination.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

**EMERGENCY CONTACT**

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

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

Contact Number: \_\_\_\_\_  Cell  Home  Work

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

