



Singing River

Dear Volunteer Applicant,

Thank you for your interest in serving as a volunteer with Singing River Health System. We are proud to partner with an outstanding group of community volunteers who serve our patients and guests with great compassion and commitment through our hospital organizations.

Your application will be submitted to the membership committee of the hospital organization to which you applied, and one of their volunteers will be contacting you soon. As they consider your application and suitability as a hospital volunteer, please keep in mind a few key requirements for serving as a volunteer with Singing River Health System.

All health system volunteers must:

- Exhibit the highest standards for customer service and commitment to their community;
- Pass a criminal background check and drug screening;
- Be in good physical health, able to walk extensively, able to push patients in wheelchairs (up to 300 lbs.), perform basic computer skills, etc;
- Be available at least one four hour shift per month;
- Be willing to commit to at least one year of active service;
- Be able to work independently;
- Be able to provide your own transportation.

Application processing can take four to six weeks from your original application date. Should you have any further questions regarding the application process, feel free to contact the operator for assistance.

Again thanks for your interest in serving as a hospital volunteer.

Sincerely,

Singing River Health System Volunteer Services

I would like to volunteer as:

Auxiliary Chaplain Hospice Pet Therapy* Other _____

**Pet Therapy: Proof of registration through Pet Partners or Therapy Dogs International (TDI) required.*

I am interested in volunteering at:

Ocean Springs Hospital Pascagoula Hospital Gulfport Hospital Other _____

Ocean Springs Hospice Lucedale Hospice

Name, First: _____ Last: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Email: _____

Employment Experience (Current/Past; Please summarize or attach resume): _____

Are you currently seeking employment with Singing River? Yes No

Highest Level of Education or Special Training: _____

Community Affiliations (i.e., PTA, Church, Scouts, Rotary, Lions, Kiwanas, etc.): _____

What service(s) do you prefer? _____

What are the day(s) you prefer? _____

Please tell us your reason for wanting to join as a Singing River Volunteer: _____

Emergency Contact:

Name, First: _____ Last: _____

Phone: _____ Relationship: _____

Personal References:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Today's Date: ____/____/____ Signature: _____

Return application to a Hospital front desk or mail to:

Singing River Health System
Attn: Volunteer Services / Admin
3109 Bienville Blvd., Ocean Springs, MS 39564

Background and drug screenings are required.