



Volunteer Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		If under 25, Exact Age	
Previous Volunteer Experience		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so where?	
Previous Work Experience		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Community and Club Affiliations		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Reason for Volunteering					

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list two references

Full Name		Relationship
Phone ()		
Full Name		Relationship
Phone ()		

PREVIOUS/PRESENT EMPLOYMENT (IF APPLICABLE)

Company	Phone ()
Address	Supervisor
Job Title	Responsibilities
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

HEALTH QUESTIONNAIRE/EMERGENCY CONTACT INFORMATION

Condition of Health EXCELLENT GOOD FAIR

Date of Last Physical Exam

Emergency Contact:

SKILLS/HOBBIES

List any Special Skills and/or Hobbies

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

CONFIDENTIALITY AGREEMENT

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patient, doctors or personnel, and not seek to obtain confidential information from a patient.
2. My services are donated to the hospital without contemplation of compensation of future employment, and given with humanitarian, religious or charitable reasons.
3. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off of hospital property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the director of volunteer services.
4. I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorizations of the director of volunteer services to engage in these activities.
5. I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service. I hereby authorize my doctor to furnish the hospital information concerning my health. I also authorize the person making tests or x-ray films to report the results to the hospital.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
7. I shall attempt to resolve any problems related to my volunteer activities with my supervision, and if unsuccessful, attempt to resolve any such problems with the director of volunteer services.
8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
9. I shall at all times uphold the philosophy and standards of the hospital.
10. I understand that the volunteer services department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulation (b) absences without prior notification (c) unsatisfactory attitude, work or appearance (d) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the hospital.

Signature

Date

Signature of Parent
If under Age 18

Date

OFFICE USE ONLY

I agree that I have explained each of the conditions of volunteer services to the applicant who has signed this form and that I have witnessed the applicant's signature.

Signature Volunteer Service Department