

Volunteer Application

Date: _____

Name _____ Spouse _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Birth date _____ Home phone _____ Work phone _____
(year optional)

If presently employed, name of firm _____

Position _____ work hours & days _____

Contact in case of emergency:

(Name) (Relationship) (Home phone) (Work phone)

Family physician _____ Phone _____

Limitations related to health _____

Have you volunteered for this organization before? Yes No

How did you become interested in our volunteer program? _____

At what times are you available to volunteer? Day _____ a.m. p.m.

Have you been convicted, plead guilty to or nolo contendere to or had adjudication withheld or been placed on probation for a felony or misdemeanor (excluding traffic violation)? Answering yes to this question will not necessary disqualify applicant for volunteering.

Yes No If yes, give dates, charges, disposition and court _____

Do you have knowledge of any impending charges? Yes No

Education _____

Volunteer experience _____

Work experience _____

Indicate hobbies/skills/special interests/foreign or sign language skills:

References:

Personal or Professional References (Please exclude relatives)

1. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Skills & Training: (Please indicate with a check mark which you would be willing to share as a volunteer here)

Clerical Skills: typing filing phone receptionist using copier librarian record updating numerical updating computer mailings alphabetizing cash register other (specify: _____)

Communication Skills: public speaking journalism public relations research photography calligraphy foreign language graphic arts other (specify: _____)

Patient Care Services (as applicable to the organization): infant/child care escort service, transport messenger service read to patients visiting, listening patient consolation other (specify: _____)

Personal Skills to Use or Teach: drawing painting knitting crocheting macrame sewing crafts needlework leather work gardening baking special event host repair person musical instrument (specify: _____)

Additional Skills/Comments: _____

AGREEMENT: (please read carefully)

In making application to become a Winter Haven Hospital volunteer, I agree to abide by the Policies and Procedures of the Hospital, the Dress Code and the Code of Ethics. I will keep all patient information completely confidential. I know that I must complete the Health Screening process, attend Orientation, complete four training sessions, strictly adhere to my service guidelines and accurately record my service hours.

I understand that the organization is not obligated to provide a placement, nor am I obligated to accept the position offered. I understand if I am accepted into the Volunteer Program I will be in an evaluation process for a six week period or until all requirements of active volunteer status are completed. Further, I agree to return my photo ID badge in the event I do not complete membership requirements or when I leave the program.

Qualified applications will be considered without regard to race, color, sex, religion, age, national origin, disability or marital status.

Signature of Applicant

Date

AUTHORIZATION

I _____ hereby authorize Mid-Florida Medical Services to do a Criminal Background Check. I also authorize investigation of all statements contained in this application and references listed. I agree that all references and previous employers may provide any and all information concerning my previous employment and any pertinent information they may have, whether personal or otherwise, and I release all parties from all liabilities from and all damage that may result from the furnishing of the information to be used by Mid-Florida Medical Services Companies.

Signature of Applicant

Date

For office use only:

Date application received: _____ Interviewed by: _____ Date: _____
ID Badge issued: _____ Orientation Part I/Part II date(s) _____ Health Screening: _____
90 day follow up: _____

**Winter Haven Hospital
Volunteer Services Department**

CONSENT FOR CRIMINAL BACKGROUND CHECK FORM

I freely and voluntarily agree to submit to a criminal background investigation as part of my application to join the Volunteer Services Department at Winter Haven Hospital.

Signature

Date:

Please complete the following:

Name: _____ Maiden Name _____

Address: _____

City, State, Zip _____

Race: Caucasian Black Asian Hispanic

Sex: Female Male

SS # _____

Date of Birth _____