

**Volunteer Services Department
VOLUNTEER APPLICATION**

(Office Use Only)

Placed in _____ Date of interview _____
(Hospital & Service) (Date & Time)

PERSONAL INFORMATION

NAME _____ SPOUSE'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (Home) _____ PHONE (Work) _____

BIRTH DATE _____ BIRTH PLACE _____

SOCIAL SECURITY # _____ - _____ - _____

E: MAIL ADDRESS: _____ CELL PHONE: _____

EMERGENCY CONTACT: NAME _____ PHONE: _____

WORK ADDRESS: _____ PHONE: _____

PREVIOUS VOLUNTEER and WORK EXPERIENCE

AS A VOLUNTEER/LIST ORGANIZATIONS: _____

AS A PAID EMPLOYEE/LIST COMPANIES: _____

Special work experience, training, talent, skill, foreign language, computers, etc.: _____

VOLUNTEER INFORMATION

From the list of areas of service, please indicate which programs would be of interest to you:

1. _____ 2. _____ 3. _____

Based on your schedule, what kind of volunteer schedule will work best for you: (check one):

____ **One** 4-hour shift a week: M T W Th F Sat Sun MORNING-AFTERNOON-EVENING
(circle one) (circle one)

____ **Several** 4-hour shifts per week: M T W Th F Sat Sun Sun MORNING-AFTERNOON-EVENING
(circle one) (circle one)

(REFERENCES, CONDITIONS & COMMITMENT ON BACK)

Please share with us how you heard about our Volunteer Program:

Friend ____ Family Member ____ Employer ____ School ____ Presentation ____ Church ____
Direct Mail ____ Other (please specify) _____

PERSONAL REFERENCES

1. Name _____ Phone number: _____
Address: _____

WRITTEN RECOMMENDATION for _____

I recommend the above named applicant to serve within a hospital setting as a Volunteer. Comments:

Name(printed): _____ relation to volunteer: _____
Phone Number: _____ Date: _____

VOLUNTEER PLEDGE OF COMMITMENT

1. I will consider all information confidential which I may hear directly or indirectly concerning a patient, physician or any member of the hospital staff and I will not seek information in regard to a patient.
2. I agree to commit to at least 100 hours per year to volunteer at Florida Hospital. I will uphold the standards and traditions of the hospital as they are expressed in its Mission Statement and that of the Department of Volunteer Services.
3. The purpose of the volunteer program is to provide an opportunity to experience working in a hospital environment and provide needed services and assistance to the hospital staff, patients and visitors. The program is not meant for the purpose of job or career training, nor is it meant to lead to paid employment at Florida Hospital.

SIGNATURE _____ DATE _____

VOLUNTEER CONDITIONS

1. I certify that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts on this application will be sufficient cause for disqualification of this application.

I give permission for Florida Hospital to verify any information provided in this application and I authorize my past references or any other persons to answer all questions concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages resulting from having furnished such information.

2. Have you ever been convicted or found guilty of a felony offense? (Conviction of a crime will not necessarily deny volunteering. **(A criminal background check is part of volunteering.)** ___Yes ___No

If **"YES"**, please explain all convictions: _____

SIGNATURE _____

DATE _____