



# FLORIDA HOSPITAL

## INTERN 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, INTERNSHIP WORK EXPERIENCE

AS A *INTERN*/LIST ORGANIZATIONS OR COMPANIES: \_\_\_\_\_

AS A *PAID EMPLOYEE*/LIST COMPANIES: \_\_\_\_\_

AS A *VOLUNTEER*/LIST ORGANIZATIONS: \_\_\_\_\_

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

### INTERN 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 schedule will work best for you: (check one):

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

\_\_\_\_ **Several** 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 Internship Program:

Friend \_\_\_\_\_ Family Member \_\_\_\_\_ Employer \_\_\_\_\_ School \_\_\_\_\_ Presentation \_\_\_\_\_ Church \_\_\_\_\_  
Direct Mail \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**PERSONAL REFERENCES**

- 1. Name \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_

**INTERN 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 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 internship 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 \_\_\_\_\_

**INTERNSHIP 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 \_\_\_\_\_