

## Volunteer Application

<b>First Name</b>		<b>Last Name</b>			<b>Middle Initial</b>		
<b>Contact Number(s)</b>			<b>Email Address</b>				
<b>Street Address</b>			<b>City</b>		<b>Zip</b>		
<b>Date of Birth</b>		<b>Social Security Number</b>					
<b>Age Group</b>		<input type="checkbox"/> Adult (age 18+)	<input type="checkbox"/> College Student (age 18+)		<input type="checkbox"/> Junior (age 16+)		
<b>Languages spoken</b> <i>other than English</i>							
<b>Interested in volunteering during</b>		<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer		<input type="checkbox"/> Year-round	
<b>Availability</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<b>Preferred Hours</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening		<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends	
<b>Emergency Contact Info</b>							
<b>Emergency Contact Name</b>				<b>Emergency Contact Number</b>			
<b>Emergency Contact Relationship to you:</b>							
<b>Screening Questions</b>							
<b>Have you volunteered with BSWH before?</b>				<input type="checkbox"/> Yes – list location(s):		<input type="checkbox"/> No	
<b>Have you ever worked in a Baylor Scott &amp; White facility in any capacity</b> <i>(including Baylor Health Care System, Scott &amp; White, student, contract work, etc.)?</i>						<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	
<b>If yes, are you eligible for rehire?</b>						<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	
<b>Do you have any relatives that work for Baylor Scott &amp; White Health?</b>						<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	
<b>Are you under an investigation which could result in disciplinary action with respect to your license(s), certification(s) or registration(s)?</b>						<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	
<b>Are you under an investigation regarding your participation in any state or federal governmental programs?</b>						<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	

<b>Have you ever been sanctioned, suspended, debarred or excluded from participation, or are ineligible to participate in any state or federal governmental programs, or otherwise sanctioned by an authorized law enforcement, regulatory or licensing agency?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you able to commit to a minimum of 150 hours per year OR are you able to commit to one year?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you currently use nicotine products including, but not limited to, cigarettes, e-cigarettes, cigars, pipes, chewing tobacco, nicotine patches or gum?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Referral Info</b>			
<b>How did you hear about this program?</b>			
<input type="checkbox"/> Another volunteer	<input type="checkbox"/> BSWH Volunteer Services	<input type="checkbox"/> Coworker/Employer	<input type="checkbox"/> Family/Friends
<b>Other</b> <i>please list:</i>			

The application process includes a personal interview, checking of references, submitting to a criminal background check, completing a TB screening, a drug and nicotine screening, and attending general volunteer orientation. Upon acceptance, you will receive training to enable you to efficiently perform your duties as a volunteer. It is expected that volunteers will comply with the hospital and department policies and guidelines.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date