



TO BE COMPLETED BY VOLUNTEER SERVICES STAFF ONLY			
Department/Division		Supervisor's Name	Telephone No. (w/ area code)
Date Trained	Volunteer Assignment		Start Date
			End Date

Volunteer Application

Name (Last, First, Middle Initial) – PLEASE PRINT	
Address (Street, Apartment#)	
Address	
(City) _____ / (State) _____ / (Zip Code) _____	
Home Telephone (with Area Code)	Cellular Number (with Area Code)
<input type="checkbox"/> Yes, please publish my phone no. on work schedules <input type="checkbox"/> No	
Social Security #	Date of Birth
E-Mail Address	
In case of emergency, please provide name of relative/friend to contact living in the area:	
Name: _____	
Address: _____	
Home Telephone: _____	
Work Telephone: _____	
If you are currently employed, please list place of employment:	
If retired, who was your last employer?	
<input type="checkbox"/> Adult/Non-Student	
<input type="checkbox"/> College – School _____ Major _____	
Have you ever volunteered at a Healthcare Facility before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?	

Please mark below the days and indicate the times (morning or afternoons) that you are available to volunteer. Typical shifts: a.m. = 8:00 a.m. – Noon; p.m. = Noon – 4:00 p.m.

Monday		Tuesday		Wednesday		Thursday		Friday	
A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.

Start date and length of commitment available (i.e., weekly, summer only...)

How did you hear of our volunteer program and why would you like to become a volunteer?

Have you ever been convicted? Yes No If YES, give date, place, and nature of each such conviction. Answering Yes does not automatically disqualify you.

Are you presently charged with any violation of the Law? Yes No If Yes, give date, place and nature of each charge.

REFERENCES (PLEASE LIST NAMES AND ADDRESSES)

1. Name/Telephone: _____

Address: _____

2. Name/Telephone: _____

Address: _____

3. Name/Telephone: _____

Address: _____

VOLUNTEER AGREEMENT

I affirm that the information that I have provided is true and correct to the best of my knowledge. I agree to conform with the Scott & White and the Volunteer Services rules and regulations. I also agree to respect the confidential nature of hospital information as well as information obtained as a result of personal contacts with patients. I understand that a criminal history background check will be conducted before my volunteer placement begins. I further agree to inform the department if I am named in complaints, indictments, arrests or convicted of offenses. I also agree to participate in orientation and training and understand that I will not be paid for my services as a volunteer. I understand that the volunteer relationship is for an indefinite period and may be terminated at any time for any reason by the Manager of Volunteer Services.

Applicant's Signature

Date