CONFIDENTIAL VOLUNTEER SERVICES APPLICATION

LAKE GRANBURY MEDICAL CENTER

PERSONAL INFORMATION

First _____ Middle _____ Last _____ Date of Birth _____

Social Security # _____ Driver's License # _____

Mailing Address _____ Email Address _____

City _____ ST ____ ZIP _____ Phone _____ Cell _____

Do you speak any foreign languages? Yes ( ) No ( ) If yes, please list. _____

EMERGENCY INFORMATION

Name of Emergency Contact _____ Relationship to you _____

Home Phone _____ Work Phone _____ Cell Phone _____

QUESTIONNAIRE

1. Why are you interested in volunteering? _____

_____

2. Are you currently seeking volunteer experience to fulfill a community service obligation? Yes ( ) No ( )
(i.e. church, school) If yes, please describe. _____

_____

If yes, please provide the Organization Name (s), Contact Name (s) and Phone Number (s) _____

_____

3. Is there anything that may adversely affect your ability to perform volunteer service? Yes ( ) No ( )
If yes, please describe. _____

_____

4. Are there any accommodations needed in order for you to safely and competently perform volunteer service as requested? Yes ( ) No ( ) If yes, please describe. _____

_____

5. Do you have any physical, visual or hearing needs that we need to consider? Yes ( ) No ( )
If yes, please describe. _____

_____

6. Are you physically able to push patient wheelchairs? Yes ( ) No ( )

7. Please check all areas that you are interested in at the hospital:

( ) Blood Drive / Special Events	( ) Gift Shop	( ) Volunteer Newsletter
( ) Waiting Rooms/Visitor Areas	( ) Light office work	( ) Cardiac Cath Lab / Surgery
( ) Day Surgery Center (ASC)	( ) Front Information Desk	( ) ICU
( ) Maternity	( ) Radiology	( ) Emergency Department

EDUCATION

Please check highest level completed High School 9 ( ) 10 ( ) 11 ( ) 12 ( ) GED ( )
Name and State _____
College 1 ( ) 2 ( ) 3 ( ) 4 ( ) Graduate School 1 ( ) 2 ( ) 3 ( ) 4 ( )
Degree/Major _____
Name and State _____

WORK EXPERIENCE

Have you ever worked at a hospital? Yes ( ) No ( )
Name of Last Employment – if any _____
Mailing Address _____ Position _____
City _____ ST _____ ZIP _____ Supervisor's Name _____

REFERENCES

Please include references for any current or former job supervisors, teachers or clergy. Family members, relatives and friends may not provide recommendations.

Reference 1 Name _____ Phone _____
Relationship to you _____ Business Name _____
Address _____ City _____ ST _____ ZIP _____

Reference 2 Name _____ Phone _____
Relationship to you _____ Business Name _____
Address _____ City _____ ST _____ ZIP _____

OTHER

1. Have you ever been convicted of a felony? Yes ( ) No ( )

2. Have you ever been convicted of a misdemeanor? Yes ( ) No ( )
If yes to either question, please describe the convictions(s) in detail, including dates.

_____

3. How did you hear about this volunteer program? _____

4. Do you hold any special medical or clinical certifications or licenses? Yes ( ) No ( )
If yes, please describe. _____

_____

5. When can you start volunteering? _____

6. Check when you wish to volunteer. Each shift is four hours.

( ) Monday from _____ to _____
( ) Tuesday from _____ to _____
( ) Wednesday from _____ to _____
( ) Thursday from _____ to _____
( ) Friday from _____ to _____

Certification and Authorization

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of the Lake Granbury Medical Center.

I authorize Lake Granbury Medical Center to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Printed Name: _____

Signature: _____ Date: _____