

Sebastian River Medical Center

A STEWARD FAMILY HOSPITAL



Volunteer Application

Name _____ Date _____

E-mail Address _____ Home Phone _____ Cell Phone _____

Local Address _____

City _____ State _____ Zip _____

Secondary Address _____

City _____ State _____ Zip _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone Number _____

Were you referred to us by anyone? Yes No If yes, by whom? _____

Do you know anyone who is employed at Sebastian River Medical Center? Yes No

If yes, list name(s): _____

Have you ever been convicted of a felony or misdemeanor offense including offenses wherein adjudication of guilt was withheld including nolo contendere and nolle prosequi? Yes No *(Do not include minor traffic violations)*. If yes, please explain Disposition of Offense:

Date of arrest _____ City/State _____

Are there any arrests or criminal proceedings currently pending against you? Yes No

If yes, please explain: _____

Shift Preference if available (please circle): 8am-12pm 12pm-4pm 4pm-7pm Other _____

Service Area Preference if available: Information Desk Transport Emergency Room Ambulatory Gift Gallery

Messenger Messenger Dispatch Diagnostic Center Surgery Waiting Room Other _____

Are you willing to be assigned to special projects? Yes No

Are you able to volunteer more than the required 15 hours per quarter? Yes No

List any relevant skills/qualifications that could be beneficial as a volunteer: _____

Do you have experience working with a computer? Yes No

If yes, please describe: _____

Is there any reason why you would be unable to safely perform the duties of a volunteer? Yes No

If yes, please explain: _____

Applicant's Agreement:

I certify that all information provided on this application is true and that any false statements or omissions may result in dismissal or ineligibility. I authorize investigation of all matters contained in this application and agree that any misleading, false or intentional omission of pertinent information would be cause for rejection of the application or would be sufficient cause for dismissal after my placement as a volunteer. I understand that volunteer placement with Steward Sebastian River Medical Center is contingent upon receipt of satisfactory results of a background screening, a health screening, a tuberculosis test and satisfactory completion of Steward Sebastian River Medical Center's volunteer orientation program

Print Name: _____

Applicant's Signature _____

Date: _____