

# Sebastian River Medical Center Volunteer Application



Date \_\_\_\_\_ Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone Numbers \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

1. Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No. If yes, please provide the following information:

Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

2. Do you have relative(s) employed at Sebastian River Medical Center? \_\_\_\_ Yes \_\_\_\_ No

If yes, list name(s) and department(s): \_\_\_\_\_

3. Are you currently a full-time student? \_\_\_\_ Yes \_\_\_\_ No If yes, where? \_\_\_\_\_

Major \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

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

When? \_\_\_\_\_ Where? \_\_\_\_\_

5. Have you ever been convicted for a violation of a drug-related law? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

6. Are there any arrests or criminal proceedings currently pending against you? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

7. Have you been a volunteer before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where? \_\_\_\_\_ When? \_\_\_\_\_

Name of person to whom you reported: \_\_\_\_\_ Telephone \_\_\_\_\_

8. What is your reason for volunteering at this time? \_\_\_\_\_

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9. Were you referred to us by anyone? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, by whom? \_\_\_\_\_

10. Please list your skills/interests (i.e., typing, handicrafts, art, storytelling, giving tours) \_\_\_\_\_

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11. What type of assignment are you seeking? \_\_\_\_\_

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12. Are you willing to be assigned to special short-term projects? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Do you have experience working with a computer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

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14. List three personal references (one may be a business reference) whom we may contact. (Exclude relatives)

Name	Address	Business or Position	Telephone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Education: Please circle the highest level completed:

Grammar School  
1 2 3 4 5 6 7 8

High School  
1 2 3 4

College  
1 2 3 4

Graduate School  
1 2 3 4 +

15. What hours can you serve on days listed below?

\_\_\_\_\_  
Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

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

The following information is to assist in safeguarding your health:

18. Is there any reason why you would be unable to safely perform the duties of a volunteer?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

19. Physician to be called in case of accident or illness: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

20. Active medical conditions: \_\_\_\_\_

21. Current medications: \_\_\_\_\_

22. Allergies: \_\_\_\_\_

Applicant's Agreement:

I certify that the information contained in this application is correct to the best of my knowledge. 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 authorize the use of my past employers, doctors, and all listed references to answer all questions concerning my ability, character and reputation. I understand that volunteer placement with Sebastian River Medical Center is contingent upon receipt of satisfactory personal and/or employment references and satisfactory completion of the pre-volunteer interview as required by hospital policy. I understand that my volunteer placement also is contingent upon satisfactory results of a background screening, a health screening, a tuberculosis skin test and satisfactory completion of Sebastian River Medical Center's volunteer orientation program.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**As a Sebastian River Medical Center volunteer, I agree to:**

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning patient and staff and not seek to obtain confidential information.
2. Become familiar with the policies and procedures of Sebastian River Medical Center and uphold its philosophy and standards.
3. Donate my services to the organization without contemplation of compensation or future employment.
4. Be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
5. Wear an approved uniform and maintain a professional appearance while on my volunteer service.
6. Attend volunteer orientation, annual re-orientation, and in-service trainings as required.
7. Carry out assignments and seek the assistance of my supervisor when necessary.
8. Take any problems, criticisms, concerns or suggestions to the office of the Volunteer Coordinator.
9. Work a specified number of hours on a schedule acceptable to both Sebastian River Medical Center and myself.
10. Adhere to the volunteer services department's sign-in procedures.
11. Notify the volunteer office or service chairperson (if applicable) if unable to work as scheduled and find a substitute according to the volunteer substitution policy.
12. Honor a minimum six-month commitment toward volunteer service with the first three months being a probationary period.
13. I understand that the volunteer services department reserves the right to terminate my volunteer status as a result of: (a) violation of rules and regulations; (b) unsatisfactory attitude, work, or appearance; or (c) any other circumstances which, in the judgment of the volunteer director, may make my continued service as a volunteer contrary to the best interests of the organization.

I have read each of the above conditions, and I agree to be bound by them.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

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For volunteer services office use only: To be signed at time of acceptance as a volunteer.

Volunteer Services Department Representative \_\_\_\_\_

Date: \_\_\_\_\_