

VOLUNTEER APPLICATION

Please Print
NAME

Date: _____

Miss Mr.
 Mrs. Ms.

_____ (last) (first) (initial)

Address: _____
(street) (City) (State) (Zip)

Phone: Home () _____ Social Security # _____

Birthday: Month ____ Day ____ E-Mail Address: _____

Emergency Contact: _____ Relationship: _____ Phone: () _____

Are you a:

Full -time Resident ____ Seasonal Resident ____ College Student ____ Teen ____

Current or Previous Volunteer Work (include any offices held): _____

Hobbies/Special Interests: _____

Special Training, Work Experience, Talent, Skill, Foreign Language: _____

How did you hear about our program? _____

Days Available to Volunteer: Mon Tues Wed Thurs Fri Sat Sun
Time Preferred: Morning Afternoon Evening

Type of assignment or activity preferred: (Check all that apply)

- Assisting Families/Visitors in Waiting Areas Gift Shop Office Assistance Art/Music
 Walking/staying physically active Courtesy Tram Driver Assisting in Patient Care Units
 Cancer Center Interaction with Patients Patient Information Emergency Department
 Other - Please describe _____

Have you ever volunteered or worked for LRMC? _____ If yes, when _____

List two personal references: 1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____

Have you ever been convicted of (regardless of adjudication), pled guilty to, or plead no contest to, a felony or misdemeanor? Include convictions for DUI and driving with a suspended license. Exclude minor traffic violations. Note: A conviction(s) does not necessarily disqualify you from employment.

Yes No

VOLUNTEER CONDITIONS

Read the following carefully before signing.

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that misrepresentation or falsifications in this application may remove me from consideration for volunteer service. In addition, any misrepresentations or falsifications in this application will be cause for dismissal at any time without previous notice.

I acknowledge that consideration for acceptance into volunteer program is contingent on the results of a reference and background check. Therefore, I hereby authorize Lakeland Regional Medical Center (LRMC) to (1) investigate the truthfulness of all the statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information; and (3) discuss the results of any investigation with other employees of the company who are involved in the process. In addition, I give my consent for all contacted persons including former employers to provide information concerning this application and I release each person from liability for providing such information and further wave any causes of action arising from providing such information to LRMC.

I acknowledge that if selected to participate in the volunteer program, I may acquire confidential information about LRMC's business, patients, or employees. I understand that access to any and all confidential information is restricted to individuals who have need, reason, and permission for such access; and I agree not to access or release such information unless I have need, reason, and permission to do so. I understand that disregard for these policies will result in immediate dismissal from Lakeland Regional Medical Center Volunteer Services.

I understand that participating in the volunteer services program in no way guarantees me a paid position with the organization should I ever apply for employment.

I understand that LRMC is a smoke-free environment.

_____ Date

_____ Volunteer's Signature

LRMC engages volunteers without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, disability, citizenship, veteran status, or any other protected job status. The Volunteer Application will be considered inactive after 6 months. If you wish to be considered after that time, you must complete a new Volunteer Application.

THIS AREA TO BE COMPLETED BY VOLUNTEER SERVICES STAFF

SERVICE ASSIGNED TO:

DAY:

SHIFT:

