



**FOR OFFICE USE ONLY**

Interviewer: \_\_\_\_\_  
Date: \_\_\_\_\_  
Assigned Service: \_\_\_\_\_  
Day: \_\_\_\_\_ Shift: \_\_\_\_\_

**VOLUNTEER APPLICATION**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial  
\_\_\_\_\_  
Address                                      (Apt/lot. #)                                      (City)                                      (State)                                      ( Zip Code)  
Phone: \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_ Birth date \_\_\_\_\_

**WORK STATUS:**    \_\_\_ Employed    \_\_\_ Retired    \_\_\_ College Student    \_\_\_ Other  
If employed current place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

**VOLUNTEER AVAILABILITY:** We are interested in long-term, dedicated volunteers who can commit to a four-hour shift, once a week, for a minimum of six months. If you are interested in our program, please complete this application and return it to the volunteer office by fax (870-4404) or mail.

- WEEKDAYS     WEEKEND     MORNINGS     AFTERNOONS     EVENINGS

**Service Area Opportunities at SJH, SJW, SJCH** (Please check any that would interest you)

- \_\_\_ Working with patients    \_\_\_ Prefer no patient contact    \_\_\_ Gift Shop    \_\_\_ Pet Therapy  
\_\_\_ Administrative/Clerical)    \_\_\_ Escort/Runner Service    \_\_\_ Children    \_\_\_ Hospitality Cart  
\_\_\_ Info Desk    \_\_\_ Babies    \_\_\_ Shuttle Driver    \_\_\_ Reception/Waiting Rooms

What is your interest in volunteering at the St. Joseph's Hospitals? \_\_\_\_\_

Are you willing to work where you are needed most? \_\_\_\_\_

**Have you ever committed, been convicted of, pled guilty to, or pled no lo contendre to, a felony or a misdemeanor?** NOTE: Conviction of a crime is not necessarily grounds for disqualification

\_\_\_ NO    \_\_\_ YES    If Yes, please explain: \_\_\_\_\_

**Have you ever worked/volunteered for one of our BayCare Hospitals?**    \_\_\_ Yes    \_\_\_ No

If yes, where and when \_\_\_\_\_

**PERSONAL REFERENCES:**

Please list two local references. Do not use your personal physician(s) or relatives:

1. \_\_\_\_\_  
Name                                      Phone                                      Address

2. \_\_\_\_\_  
Name                                      Phone                                      Address

**IN AN EMERGENCY PLEASE NOTIFY:**

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

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

**As a VOLUNTEER, I . . .**

- agree to complete the volunteer orientation and train until I am competent to perform the required duties
- agree to complete an ANNUAL education review and TB screening as well as any additional service-specific training that may be deemed necessary
- agree to comply with all the rules and regulations of the St. Joseph's Hospitals and to uphold the bylaws of my Volunteer Organization
- understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines
- agree to call my Service Chairman or Volunteer Manager as soon as possible when I have scheduling changes
- agree to accept assignment to a new service area if absent for an extended period of time.

**CONFIDENTIALITY:** It is the belief of this hospital that all medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore volunteers may look at, use, or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations of St. Joseph's Hospitals and the Department of Volunteer Resources.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE