



## VOLUNTEER APPLICATION

Please Print

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

Adult  Intern  College Student  Major \_\_\_\_\_

Miss  Mr. School Attended: \_\_\_\_\_

Mrs.  Ms. \_\_\_\_\_  
(Last) (First) (Spouse)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Years in Miami-Dade County: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Other Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship) (Phone)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List Community Affiliations and Other Volunteer Work: \_\_\_\_\_

Hobbies/Special Interests: \_\_\_\_\_

Days Available to Volunteer:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Time Preferred: \_\_\_\_\_

Type of Volunteer Service Preferred: (Please check)

Patient Contact  Reception/Information  Typing  Clerical  
 Telephone  Gift Shop  Other \_\_\_\_\_

Have you ever worked for Baptist Hospital or any other entity of Baptist Health? If yes, when and where?

Have you ever volunteered for any Baptist Health hospital?

Do you or any of your family currently work at Baptist Hospital?

List two personal references: 1. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

(Do not write below this line)

ORIENTATION \_\_\_\_\_ HIPAA \_\_\_\_\_ Department Start Date \_\_\_\_\_ STARTING DATE \_\_\_\_\_

UNIFORM \_\_\_\_\_ PPD \_\_\_\_\_ PAID \_\_\_\_\_

PU TRAINING \_\_\_\_\_ ER TRAINING \_\_\_\_\_ BACKGROUND CHECK \_\_\_\_\_

## VOLUNTEER CONDITIONS

1. I certify that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts on this application will be sufficient cause for disqualification of this application.

I give permission for Baptist Hospital to verify any information provided in this application and I authorize my past references or any other persons to answer all questions concerning my ability, character, reputation and previous employment or volunteer record. I release all such persons from any liability or damages resulting from having furnished such information.

2. Have you ever been convicted or found guilty (including nolo contendere) for a felony offense? (Conviction of a crime will not necessarily deny volunteering. A criminal background check is part of the volunteer application process.)  YES  NO

If "YES," please explain all convictions.

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3. I understand that a volunteer at Baptist Hospital is minimally required to work four hours per week and a maximum of 16 hours per week. Exceptions will be based on job assignments and determined by the Director or Manager of Volunteer Services.

4. I understand that I must complete a tuberculosis evaluation annually, which may include a skin test.

5. I understand that I may be asked to volunteer days and/or hours other than those specified at the time of placement.

6. I agree to abide by all the rules and policies of the Volunteer Services Department/Baptist Health South Florida. I will attend orientation, complete health office requirements and complete all necessary training. I will observe the Volunteer dress code and the code of ethics, and uphold the Service Excellence Standards. I will keep all patient information confidential as required by HIPAA and Baptist Health policies.

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Signature

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Date