



VOLUNTEER APPLICATION

Please Print

Date: _____

Name: _____ Adult Teenager
 College Student Major: _____

Miss Mr.
 Mrs. Ms.: _____
(Last) (First)

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

Years in Miami-Dade County: _____ Email Address: _____

Phone: Home _____ Business: _____

Current Occupation: _____ Social Security #: _____

Current School & Grade: _____

Date of Birth: _____ Driver's License #: _____ State: _____

Emergency Contact: _____ 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: Morning Afternoon Evening Teens must volunteer before 7 p.m.

Special training, work experience, talent, skill, foreign language

1. _____ 3. _____

2. _____ 4. _____

Type of Volunteer Service Preferred: (Please check)

Community events Reception/Patient Clerical Business support
 Telephone Inventory control Other: _____

Have you ever worked for Baptist Health? If yes, when and where?: _____

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

(Do not write below this line)

Department Start Date: _____

ORIENTATION: _____ PLACEMENT: _____ STARTING DATE: _____

UNIFORM: _____ I.D.: _____ PPD: _____

PU TRAINING: _____ URGENT CARE 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 Health 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 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 volunteering.) YES NO

If "YES," please explain all convictions.: _____

-
-
3. I understand that adult volunteers at Baptist Outpatient Services are minimally required to work one four-hour shift per week and must complete a minimum of 75 hours per year. Exceptions will be based on job assignments and determined by the Manager of Volunteers.
 4. I understand that I must complete a tuberculosis evaluation, 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. 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 keep all patient information confidential.

Signature

Date