

## VOLUNTEER APPLICATION

### **CARE - CONTRIBUTE - COMMIT**

*As a volunteer with the Baptist Health System, you become part of a group of passionate people with a singular mission of providing compassionate care.*

Please circle the facility you are interested in volunteering at:

**BMC    NBH    SBH    NCBH    SLBH    HealthLink    School of Health Professions**

#### PERSONAL INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PERSONAL PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

#### EDUCATION/WORK/VOLUNTEER EXPERIENCE

CURRENT EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

PAST WORK HISTORY: \_\_\_\_\_  
\_\_\_\_\_

PLEASE CIRCLE LAST GRADE COMPLETED:

9    10    11    12    COLLEGE    MAJOR \_\_\_\_\_

PLEASE LIST YOUR CURRENT AND PAST VOLUNTEER EXPERIENCES:

ORGANIZATION NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

**VOLUNTEER WORK SKILLS / PREFERENCES**

**PLEASE CHECK ITEMS IN WHICH YOU ARE SKILLED:**

CASHIER	<input type="checkbox"/>
COMPUTER	<input type="checkbox"/>
COPIER	<input type="checkbox"/>
FILING	<input type="checkbox"/>

PHONES	<input type="checkbox"/>
SALES	<input type="checkbox"/>
TYPING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

**IF OTHER, PLEASE SPECIFY:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOBBIES:** \_\_\_\_\_

**PLEASE CHECK YOUR SERVICE PREFERENCES:**

(Chose one or more from each column)

**AGE GROUP**

ADULTS	<input type="checkbox"/>
CHILDREN	<input type="checkbox"/>

**FOCUS**

FAMILIES	<input type="checkbox"/>
PATIENTS	<input type="checkbox"/>
STAFF	<input type="checkbox"/>

**VOLUNTEER SITE**

GIFT SHOP	<input type="checkbox"/>
EMERGENCY	<input type="checkbox"/>
INFORMATION DESK	<input type="checkbox"/>
OFFICE	<input type="checkbox"/>
CLINICAL AREA	<input type="checkbox"/>
WAITING ROOM	<input type="checkbox"/>
PASTORAL CARE	<input type="checkbox"/>
VOLUNTEER OFFICE	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

**PLEASE INDICATE YOUR TIME/SHIFT AVAILABILITY:**

SHIFTS	SUN	MON	TUES	WED	THURS	FRI	SAT
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL INFORMATION**

**DO YOU HAVE ANY PHYSICAL CONDITION OR MEDICAL PROBLEM THAT WOULD LIMIT YOUR ABILITY TO PERFORM THE DUTIES OF A VOLUNTEER? \_\_\_\_ YES \_\_\_\_ NO**

**IF "YES", PLEASE EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

**HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR FELONY? \_\_\_\_ YES \_\_\_\_ NO**

**IF "YES", PLEASE EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

**AS A VOLUNTEER OF THE BAPTIST HEALTH SYSTEM, I UNDERSTAND THAT I AM GIVING VOLUNTARY SERVICES WITH NO EXPECTATIONS OF FINANCIAL GAIN. I AM ACCOUNTABLE TO UNDERSTAND THE SPECIFIC POLICIES AND PROCEDURES RELATED TO MY VOLUNTEER SERVICE. I WILL BE RESPONSIBLE TO ASK QUESTIONS AND TO INDICATE WHEN I FEEL MY KNOWLEDGE AND/OR SKILLS ARE NOT ADEQUATE TO PERFORM MY SERVICE, SO THAT MY SUPERVISOR CAN PROVIDE INSTRUCTIONS.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN BELOW**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_