

APPLICATION FORM

For Office Use Only	
Date Interviewed	
Work Area	
Approved	

All fields are required to be filled out accurately prior to becoming a volunteer. Incomplete applications will not be processed.

Personal Information	
Name	
Street Address/Apt.	
City, State, ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Date of Birth	<u> </u>
Are you a Jamaican Citizen	Yes No

Emergency Contact	
Name	
Relationship	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Employment		
Employed	Current employer:	
Unemployed	Position title:	
Retired		
Student		

Education	
Highest level of education completed:	What school do you currently attend?
High School	Expected graduation date:
Some College	Are you currently pre-med? 🗌 Yes 🗌 No
College degree	<i>Do you need to complete hours for school/college?</i> Yes No <i>If yes, how many hours?</i>
Graduate School	

Availability		
During which hours are you available for volunteer assignments?		
Day	Shift times	
🗌 Monday		
🗌 Tuesday		
U Wednesday		
🗌 Thursday		
🗌 Friday		
🗌 Saturday		
🗌 Sunday		

Experience/Skills/Strengths			
Please check all that apply			
Accounting	Foreign Languages	Office Work	
Administration	Fundraising	Project Management	
Art Art	Leadership	Public Relations	
Computer Work	Marketing	Research	
Counseling	Meeting new people	Training	
Customer Service	Music	Translating	
Education	Newsletter Production	Volunteer Coordination	
Event Planning	Nursing	U Writing	

Other Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Volunteer Interests

Please describe in detail why you are interested in volunteering

Volunteer Preferences

Which of the following would you prefer?	Do you have a specific department of interest?
Working directly with patients	
□ Volunteering with the nursing staff	
Working in an office setting	

Previous Volunteer Experience

Summarize your previous volunteer experience. Does not have to be in a hospital setting.

Evaluation		
Please select all the options that apply to you.		
I have carefully considered my schedule and I know I can make a commitment to volunteering		
I have some time available and I wish to give back		
I know that patients I see in the hospital might be in pain and I am comfortable working around them		
I treat volunteer commitments with the same respect that I do work obligations		
□ I hope my volunteer work will lead to employment within SERHA		
I am in between jobs and am hoping to use my free time to be of service		
I hope to meet other people and expand my social network		
□ I want to use volunteering to improve my skills		
I am seeking an opportunity to gain experience in a hospital to add to my resume		

Background Check		
In consideration of volunteer service a background investigation may be conducted.		
Have you ever been convicted of a crime, misdemeanor or felony?	🗌 Yes	□ No
Have you ever been discharged from any place of employment?	🗌 Yes	□ No
Have you ever been terminated from volunteering?	🗌 Yes	🗌 No
Name (printed)		
Signature		
Date		

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

If accepted as a volunteer, I agree that:

I shall hold as **ABSOLUTELY CONFIDENTIAL ALL** information that I may obtain directly or indirectly concerning patients, doctors or personnel, and *not seek* to obtain confidential information from a patient.

] My services are donated to the hospital without contemplation of compensation or future employment.

I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.

I shall make my best effort to fulfill my commitment to the Hospital by adhering to assignments that I have agreed to with the Volunteer Services Department.

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) unsatisfactory attitude, work or appearance; (c) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the Hospital.

Name (printed)	
Signature	

Date

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please note: Completing this form does not guarantee placement as a volunteer