



# 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	___/___/___
Are you a Jamaican Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Emergency Contact

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

### Employment

<input type="checkbox"/> Employed	Current employer:
<input type="checkbox"/> Unemployed	Position title:
<input type="checkbox"/> Retired	
<input type="checkbox"/> Student	



### Volunteer Interests

Please describe in detail why you are interested in volunteering

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### 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.

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### 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

<b>Background Check</b>	
In consideration of volunteer service a background investigation may be conducted.	
Have you ever been convicted of a crime, misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated from volunteering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name (printed)	
Signature	
Date	

<b>Agreement and Signature</b>	
<p>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.</p> <p>If accepted as a volunteer, I agree that:</p> <p><input type="checkbox"/> I shall hold as <b>ABSOLUTELY CONFIDENTIAL ALL</b> information that I may obtain directly or indirectly concerning patients, doctors or personnel, and <i>not seek</i> to obtain confidential information from a patient.</p> <p><input type="checkbox"/> My services are donated to the hospital without contemplation of compensation or future employment.</p> <p><input type="checkbox"/> I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>	
Name (printed)	
Signature	
Date	

<b>Our Policy</b>	
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*