Today's date_____

ADULT VOLUNTEER APPLICATION

_____ _____ _____
(Last Name) (First Name) (Preferred 1st name)

_____ _____ _____
(Street Address) (Apt #) (Town and Zip)

( )_____ ( )_____ _____
Home Phone Business Phone (Date of Birth: year optional)

Social Security Number _____ -_____-_____ Email Address:_____

In case of emergency, contact: Name: _____

Address:_____

Phone: Day ( )_____Evening ( )_____

Physician: Name: _____Town:_____Phone:_____

REFERENCE (Non-relative only)

Name _____Relationship_____ How long known?_____ Phone #_____

Address_____City_____ State_____ Zip_____

Name _____Relationship_____How long known?_____Phone # _____

Address_____City_____ State_____ Zip_____

Education: (Circle year completed) **Elementary** 1 2 3 4 5 **Middle** 6 7 8
High School 9 10 11 12 **College** 1 2 3 4 **Post – graduate** 1 2 3 4

Major_____ Degree/Licensure/Certification _____

If currently a student, name of school and town: _____

Employment History (List current place of employment and last two places of employment:

Place of Employment:_____

Position(s) Held:_____Years Employed:_____

Supervisor's Name:_____Phone:_____

Place of Employment:_____

Position(s) Held:_____Years Employed:_____

Supervisor's Name:_____Phone:_____

VOLUNTEER EXPERIENCE

Organization (s):_____Position(s) Held:_____

Contact's Name:_____Phone:_____

ADDITIONAL INFORMATION

Have your ever been convicted of a felony or misdemeanor other than a traffic violation? Yes / No

(If Yes, explain giving nature of offense, place, and disposition. The fact that you have a record of conviction will not necessarily disqualify you for volunteering. The Lourdes Health System will consider the age and nature of the offense as well as any other relevant information.)

Do you need to complete court-ordered community service hours? Yes / No

Have you ever been suspended from or otherwise sanctioned by any federal or state program (i.e. Medicare, Medicaid, TriCare)? ☐ Yes ☐ No If yes, please provide the dates, reason for suspension or sanction and status.

Have you ever been debarred from eligibility from any federal or state contract or program? ☐ Yes ☐ No If yes, please provide details.

If yes, what was the charge?_____

How many hours must you complete?_____By when?_____

**Please note that if you are requesting a volunteer position to fulfill court-ordered community service hours that information MUST be shared with us at the time of application or no documentation of service will be provided.*

Type of volunteer service work desired? _____

How did you hear about our Volunteer Program?_____

What do you hope to accomplish through your volunteer service? _____

AVAILABILITY

	S	M	T	W	TH	F	S
AM 9-1							
PM 1-5							
Evening							

VOLUNTEER AGREEMENT OF CONFIDENTIALITY

I, the undersigned, agree to abide by the Confidentiality Policy of Our Lady of Lourdes Medical Center and the Volunteer Services Department. I will maintain confidentiality in order to protect and respect the rights of privacy of individuals (patients, medical staff, volunteers and other health care professionals).

All verbal communication, records, reports and other types of communication emanating from activity in the Medical Center, as well as those specifically related to the Volunteer Services Department of Our Lady of Lourdes Medical Center will be treated as confidential. I understand that breach of this confidentiality may result in termination and further action as deemed necessary by the severity of the infraction.

The above information is accurate and correct to the best of my knowledge.

Signature_____ Date_____

Your signature indicates your approval for us to check references and/or any other information offered within this application. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunity for volunteers is provided without regard to religion, creed, race, national origin, or sex.

FOR VOLUNTEER OFFICE USE ONLY

Interview Date:_____ Assigned Area:_____
Scheduled Day (s):_____ Time (s):_____
Start Date:_____ Orientation Scheduled:_____

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