



VOLUNTEER APPLICATION

_____ **Adult** _____ **Student (College/High School)**

Contact Information:

Last Name First Name "Nickname"

Address Apt. No. City/State Zip Code
(____) _____ (____) _____ _____ ____/____/____

Home Phone Number Cell Phone Number Email address Birthday

Emergency Contact Information: **Social Security Number:** _____

In case of an emergency notify:

First Name Last Name Phone Number Relation

Education and Volunteer Experience:

High School _____ College _____

Past Volunteer Experience: _____

Employment: _____

- Currently working but able to volunteer Not Employed Retired

Availability and Area of Interest:

- Surgery Waiting Room Baldwin Park ER 2nd Floor Desk 3rd Floor Desk
- Other: _____

Preferred Days:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred Shift: 8am – noon noon - 4pm Other _____

How long do you anticipate services as a volunteer?

- Continue Year Round Seasonal (Months) _____ Until Required Hours Are Completed For School

Best day/time for interview _____

Reason You Wish to Volunteer at Oviedo Medical Center:

Residency/Security:

Are you a resident of the United States? Yes No

Your response to any of these security questions will not automatically disqualify you from volunteering. However, if you answer “no” and a criminal history is found or if you answer “yes” but did not include all convictions you will be disqualified from consideration.

Have you ever been convicted (pleaded guilty or been found guilty) of a misdemeanor or felony? List any and all convictions and provide dates of each (including but not limited to, major traffic violations, writing bad checks and DWI). Yes No

Are you over the age of 16? Yes No

Are you over the age of 18? Yes No

Volunteer Conditions: I certify that the information on this application is true and complete to the best of my knowledge.

Acceptance into the Volunteer Program at Oviedo Medical Center is contingent upon satisfactory completion of all pre-placement procedures which include, but may not be limited to, an interview, criminal background investigation, orientation and tuberculosis screening.

I understand that any misrepresentation or omission of facts on this application will be sufficient cause for disqualification of this application. In addition, after obtaining a volunteer position it is found that the information on this application is significantly untrue, incomplete or misrepresented; I understand this will result in immediate dismissal from further participation as an Oviedo Medical Center volunteer.

I understand that a volunteer at Oviedo Medical Center is minimally required to work a minimum of four hours per week.

I donate my services without monetary compensation.

I will abide by all the rules and policies of the Volunteer Services Department/ Oviedo Medical Center. I will complete health office requirements, necessary training, orientation, observe the dress code, code of ethics, and keep all patient information confidential.

I understand Oviedo Medical Center reserves the right to terminate my volunteer status as a result of failure to comply with health system; absences without proper notification; unsatisfactory attitude, work, or appearance; or any other circumstances which, in the department director’s judgment, would make continued volunteer service contrary to Oviedo Medical Center’s best interests.

I have read each of the above conditions, and agree to honor them. In addition, I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested by Oviedo Medical Center. *Oviedo Medical Center is an Equal Opportunity work place and does not discriminate based on age, religion, gender, ethnic background or sexual orientation.*

Signature

Date