

## Volunteer Application

Name: _____			
(Last)	(First)	(Middle Initial)	
Present Address: _____			
(Street)	(City)	(State)	(ZIP)
Permanent Address: _____			
(Street)	(City)	(State)	(ZIP)
Home Phone: ( _____ )		Cell Phone: ( _____ )	
Email Address: _____			

### EDUCATION

Are you currently enrolled in a college or university program?

College: \_\_\_\_\_ Circle last year completed: 1 2 3 4

Degree/Field of Study \_\_\_\_\_

High School: \_\_\_\_\_ Circle last year completed: 9 10 11 12 GED

Other Training: \_\_\_\_\_

### EMPLOYMENT & VOLUNTEER EXPERIENCE

Are you currently employed?  Yes  No

If yes, where? \_\_\_\_\_

Days/times you work \_\_\_\_\_

Previous Work Experience (list company names and dates) \_\_\_\_\_

Have you ever been employed or volunteered at any of our locations?  Yes  No

If yes, where? \_\_\_\_\_

List any relatives or friends employed or volunteering at Metro Health Hospital

### EMERGENCY CONTACT

Person to be contacted in case of illness/emergency:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### REFERENCES

Please list two individuals over 18 yrs. who are not relatives.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

## LEVEL OF COMMITMENT

Some of our volunteer opportunities require a higher level of commitment while others are able to accommodate short-term availability (at least 50 hours). Please help us understand your level of commitment so that we may determine an appropriate volunteer opportunity.

What level of commitment do you feel most comfortable making at this time? Please check a box or specify below.

- Less than 3 months       3 months       6 months       1 year

Is this a required volunteer assignment?     Yes     No    If yes, number of hours needed: \_\_\_\_\_

Reason for required hours: \_\_\_\_\_

## AVAILABILITY

Mornings:     Yes     No  
 Mon    Tues    Wed    Thur    Fri     Sat     Sun

Afternoons:     Yes     No  
 Mon    Tues    Wed    Thur    Fri     Sat     Sun

Evenings:     Yes     No  
 Mon    Tues    Wed    Thur    Fri     Sat     Sun

## INTERESTS & SKILLS

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Clerical (answering phones/computer work) | <input type="checkbox"/> Gardening            | <input type="checkbox"/> Music             |
| <input type="checkbox"/> Coffee Shop                               | <input type="checkbox"/> Gift Shop            | <input type="checkbox"/> Nursing Care      |
| <input type="checkbox"/> Child Life                                | <input type="checkbox"/> Greeting Visitors    | <input type="checkbox"/> Pet Therapy       |
| <input type="checkbox"/> Customer Service                          | <input type="checkbox"/> Hospitality Services | <input type="checkbox"/> Registration      |
| <input type="checkbox"/> Data Entry                                | <input type="checkbox"/> Languages: _____     | <input type="checkbox"/> Shuttle Driver    |
| <input type="checkbox"/> Filing                                    | <input type="checkbox"/> Mail Delivery        | <input type="checkbox"/> Special Events    |
| <input type="checkbox"/> Finance                                   | <input type="checkbox"/> Maintenance          | <input type="checkbox"/> Visiting Patients |

**COMMITMENT STATEMENT:** I affirm that the information I have supplied is complete and accurate to the best of my knowledge, and understand that falsification may prevent my placement or justify future dismissal. **I also understand that a criminal background check will be conducted.** I hereby request to become a member of the Volunteer Services Department at Metro Health Hospital and will abide by all hospital and department policies. I am willing to volunteer 50 unpaid hours of service within a one-year period (students will pledge at least one full semester or summer). I willingly agree to be trained and oriented, wear a volunteer uniform and ID badge, accurately record my service hours, and comply with any other mandatory requirements. I will be responsible and regular in my attendance and will inform my department of necessary absences. I clearly understand that there is no employer/employee relationship and as a service volunteer I will not be entitled to compensation/workmen's compensation or fringe benefits of any kind for voluntary service. My assignment can be terminated at any time with or without notice and for any reason. I will respect the need for safety, infection prevention, and patient confidentiality. I understand that my volunteer work experience will be recorded and held for future reference. I give my permission for release of this information.

I voluntarily give consent and permission to Metro Health to take and use images (photographs and videotape) of me, with or without my name, for any advertising, marketing, informational, fundraising, or promotional purpose of Metro Health. I waive any right to, or interest in, my images and to any benefits that Metro Health may obtain arising from the use of my images. I release Metro Health and its officers, directors, employees, and agents from any and all liability associated with the taking or use of my images. I understand that this authorization remains in effect during my employment with Metro Health unless I revoke it.

If I become a volunteer with Metro, I understand that I will have access to a variety of confidential or proprietary information during the course of my placement with Metro. Such information includes, but is not limited to, confidential information related to Metro's business, patients, employees, donors, vendors, and suppliers, among others. Confidential or proprietary information belongs to Metro. If placed, I may not disclose confidential or proprietary information to any third parties. Upon the separation of my placement with Metro, I will immediately return to Metro all documents and materials that are Metro's property or that contain any confidential or proprietary information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PERMISSION FORM FOR MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES:

I permit my child to participate in volunteer activities at Metro Health Hospital and to receive a TB skin test, as required for Infection Prevention. I understand my child's services are donated without contemplation of compensation or future employment.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Filing an application does not ensure a volunteer placement will be made. Applicants will be chosen by the Volunteer Services Department on the basis of qualifications, availability, and in keeping with the interest of the Hospital. All applications are held for one year.

In keeping with federal, state and local laws, Metro Health policy forbids employees and associates to discriminate against anyone based on race, religion, height, weight, pregnancy, genetic information, color, gender, age, marital status national origin, sexual orientation, veteran status, disability or any other characteristic protected by law. We are committed to establishing and maintaining a workplace free of discrimination. We are fully committed to equal employment opportunity. We will not tolerate unlawful discrimination in the recruitment, hiring, termination, promotion, salary treatment or any other condition of employment or career development. Furthermore, we will not tolerate the use of discriminatory slurs, or other remarks, jokes or conduct, that in the judgment of Metro Health, encourage or permit an offensive or hostile work environment. Metro Health also provides reasonable accommodations to disabled employees and applicants as required by law.



## Criminal Record Check Consent Form

As a potential volunteer of Metro Health Hospital, please understand that it is Metro Health Hospital's policy to secure criminal history information as a condition of volunteering. If you feel the background check is inaccurate, you may appeal the results.

Have you ever been convicted of or plead guilty or no contest to a crime including all misdemeanors or felonies?

Yes  No

Do you currently have any felony charges pending against you?  Yes  No

If yes to either of the last two questions, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Other Names Used (*maiden name, AKA names, etc.*) \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Gender:  Male  Female Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_

I understand the information above is required in order to obtain a conviction only criminal history file search and authorize Metro Health Hospital to utilize the information solely for this purpose. To the best of my knowledge, there are no disqualifying offenses on my record. However, if this statement is proven false, termination or criminal penalties may result. Additionally, I understand that I must contact the Volunteer Services Department if any incidents occur that would affect my continued volunteer service with Metro Health Hospital. I also understand that Metro Health Hospital reserves the right to conduct periodic criminal history searches during my volunteer service tenure.

Signature \_\_\_\_\_ Date \_\_\_\_\_