

The Villages Health System, 1451 El Camino Real, The Villages, FL 32159 (Phone 352-751-8622)

Please return completed application to hospital of your choice or by fax to 352-323-5539.

VOLUNTEER SERVICES APPLICATION

Date: _____ *Please Print Clearly*

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name on Badge: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Previous Address (if less than six years at current address): _____

City: _____ State: _____ Zip: _____

Permanent Resident Seasonal Resident Gender: Male Female

(Seasonal Residents) Other Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Driver's License #: _____

E-mail Address: _____

Phone: (home) _____ (cell) _____ (work) _____

Current Employer: _____

Address: _____ City: _____ State: _____

Phone: _____ Supervisor's Name: _____

Job duties and responsibilities: _____

Spouse/Partner Name: _____ Phone (if different): _____

How did you hear about The Villages Health System Volunteer Program? _____

Emergency Contact Name: (Other than spouse) _____				
Relationship: _____		Address: _____		
City: _____		State: _____	Zip: _____	
Phone: (Home) _____		Phone: (Cell) _____		

References (Local preferred; no relatives):				
Name: _____		Phone: _____		
Address: _____		City: _____	State: _____	Zip: _____
Name: _____		Phone: _____		
Address: _____		City: _____	State: _____	Zip: _____

Education

School/College Name	Location	Graduated?	Diploma/ Degree	Major/Minor Course work
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other schools/special training:				

Languages spoken (other than English): _____

Occupation/Former Occupation: _____

Work Experience/Professional Skills: _____

Are you currently seeking employment with Central Florida Health Alliance or another company?

Yes No

If yes, where? _____

What is your expected time commitment to the Auxiliary? 3 – 6 months 1 year or more

Recreation/Hobbies: _____

Volunteer Experience/Community Affiliations: _____

Preferences: **Time** Morning Afternoon Evening

Day(s) Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Assignment *(Please check your preferences – areas marked with * require walking/standing)*

- Café (prepare food/beverage items, assist customers, operate cash register)*
- Cath Lab (assist patients, visitors & staff with information, prepare charts)
- East Campus (reception function to assist patients, visitors & staff)
- Emergency Department (stock supplies, replace linens, serve as patient liaison)*
- ED Admitting (assist with patient arrivals, prepare charts, liaison for visitors)
- Express Admitting (greet and escort patients)*
- Front Desk (give directions, answer questions, deliver flowers, discharge patients)
- Gift Shop (operate cash register, assist customers)*
- ICU (inventory, stock, order supplies & nourishments)*
- Infusion (green/escort patients, stock rooms, clean equipment)*
- Inside Transport (pick up/return patients in wheelchairs for testing or discharge)*
- Materials Management/Infection Control (unpack deliveries, assist with distribution)*
- Outpatient Surgery (assist admitting staff, escort patients to services)
- Outside Transport (drive hospital golf carts to pick up/drop off visitors, patients & staff)
- PACU (discharge patients, stock supplies, sanitize equipment)*
- Patient Care (deliver ice/water, run errands, visit patients, prepare charts)*
- Pharmacy (check stock, deliver orders, restock bins)
- Surgical/ICU Waiting Room (reception/information/liaison with families)
- Ye Olde Thrift Shoppe (retail operation of resale merchandise)*

Why do you want to volunteer with The Villages Health System? _____

Have you previously been an employee/volunteer for Central Florida Health Alliance?

Yes No

If yes, list dates of employment/volunteer service, location & supervisor name: _____

Do you have any relatives employed or serving as volunteers at Central Florida Health Alliance?

Yes No

If yes, please list name(s) and department(s): _____

Have you been convicted of a felony or misdemeanor offense, including offenses where adjudication of guilt was withheld? *(Not including minor traffic violations)* Yes No

If yes, please explain: _____

Are there any charges currently pending against you other than traffic violations? Yes No

If yes, please explain: _____

I certify that all of the information provided by me on this application is true, correct and complete. I grant Central Florida Health Alliance permission to verify this information in arriving at a volunteer decision. I understand that false or misleading statements or the omission of any information necessary to make this application complete will result in rejection of my application or dismissal from volunteer service.

Signature: _____

Date: _____

Printed Name: _____

PLEASE READ AND SIGN.

If accepted as a volunteer for The Villages Health System, I agree to:

- Hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, staff and other volunteers.
- Donate my services without contemplation of compensation or future employment.
- Honor my commitment to a specific job assignment.
- Conduct myself with dignity, courtesy and consideration of others.
- Maintain a well-groomed appearance.
- Attend orientation and training as scheduled.
- Consent to annual performance evaluation.
- Carry out assignments in a professional manner and seek assistance when necessary.
- Discuss any problems, criticism or suggestions with my service area supervisor.
- Work a specified number of hours as assigned.
- Maintain a sign-in time sheet to be submitted to the Volunteer Services Coordinator monthly.
- Be punctual and notify my supervisor if unable to work as scheduled.
- Honor a minimum commitment of volunteer service of six months.
- Observe all present and subsequently issued Volunteer Services policies and procedures. I understand that Central Florida Health Alliance may revise its policies and procedures at any time.
- I understand that all Central Florida Health Alliance facilities are tobacco/smoke free.
- I understand that a separate application is necessary if I wish to volunteer my time with the Auxiliary organization of either hospital.

I understand that the Central Florida Health Alliance Volunteer Services Department reserves the right to terminate my volunteer status as a result of 1) failure to comply with Alliance policies and procedures; 2) absences without prior notification; 3) unsatisfactory attitude, work or appearance; or 4) any other circumstances which, in the judgment of the Volunteer Services Coordinator, would make my continued service as a volunteer contrary to the best interests of the Alliance and its patients.

I consent to 1) any pre-volunteer testing/screening required by the Alliance; and 2) annual health testing and training required by the Alliance. I further give permission to the Alliance to investigate any and all information concerning my application in order to determine my qualifications. This includes but is not limited to: medical clearance, criminal background checks, employment and personal reference checks and educational verification.

I hereby certify that there are no misrepresentations concerning my personal and professional history. I am aware that misstatements of material facts may cause me to be disqualified from holding a volunteer position with the Alliance. I have read each of the above conditions and agree to honor all of them.

In the event of resignation or termination, I agree to return the identification badge issued to me.

Signature of applicant: _____ Date: _____

FOR OFFICE USE ONLY

Application received: _____	Interview Date: _____
Interviewed by: _____	Scheduled Orientation Date: _____
Assignment: _____	Start date: _____
Comments: _____	