

Leesburg Regional Medical Center 600 East Dixie Avenue, Leesburg, FL 34748
352-323-5060

COLLEGE STUDENT VOLUNTEER SERVICES APPLICATION

PLEASE PRINT CLEARLY AND RETURN COMPLETED APPLICATION TO LEESBURG REGIONAL MEDICAL CENTER, INFORMATION DESK, 600 E. DIXIE AVE., LEESBURG, FL

Date: _____

Last Name: _____ First Name: _____ Mid. Initial: _____

Preferred Name on Badge: _____ Birth date: ____/____/____

Home Address: _____

City: _____ Zip: _____

School address (if different from home address): _____

City: _____ State: _____ Zip: _____

SSN: _____ Driver's License #: _____

E-mail address: _____

Phone: Home: _____ Cell: _____ Work: _____

<p>Emergency Contact: Name: _____</p> <p>Relationship: _____ Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: _____ Cell: _____</p>
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<p>Current Employer: _____</p> <p>Address: _____</p> <p>Phone: _____ Supervisor's name: _____</p> <p>Job duties and responsibilities: _____</p>

How did you hear about the Alliance College Student Volunteer Program? _____

Professional References (Teacher, professor, employer: non-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:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
School/college presently attending		Expected graduation date:		

Languages spoken (other than English): _____

Occupation/Former Occupation: _____

Work Experience/Professional Skills: _____

Recreation/Hobbies: _____

Volunteer Experience/Community Affiliations: _____

Service Preferences: Time: Morning Afternoon EveningDay(s): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.Assignment: Patient contact Non-patient contact Specific area request: _____

Why do you want to volunteer with the Alliance? _____

Career goal(s): _____

Have you previously been an employee/volunteer for either LRMC or TVRH? Yes No
 If yes, please provide dates or employment/volunteer service, location and name of supervisor:

Any relatives employed at our facilities? 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 the 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: _____

PLEASE READ AND SIGN.

If accepted as a CSV for the Central Florida Health Alliance, 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 or the Volunteer Services Coordinator.
- Work a specified number of hours as assigned.
- Maintain a sign-in time sheet recording my hours.
- 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 the Alliance may revise its policies and procedures at any time.
- I understand that all 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 Volunteer Services Department of the Central Florida Health Alliance 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 Alliance 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: _____