



Leesburg Regional Medical Center, 600 E. Dixie Ave., Leesburg, FL 34748
Phone: 352-323-5060 Fax: 352-323-5061

COLLEGE STUDENT VOLUNTEER SERVICES APPLICATION

PLEASE PRINT CLEARLY AND RETURN TO LEESBURG REGIONAL MEDICAL CENTER

Date: _____

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

Preferred First 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: _____

Emergency Contact: Name: _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Current Employer: _____

Address: _____

Phone: _____ Supervisor's name: _____

Job duties and responsibilities: _____

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: _____

How did you hear about Leesburg Regional Medical Center's College Student Volunteer Program?

Why do you want to volunteer with Leesburg Regional Medical Center? _____

Career goal(s): _____

Have you previously been an employee/volunteer for either Leesburg Regional Medical Center or The Villages Regional Health System? Yes No If yes, please provide dates or employment/volunteer service, location and name of supervisor:

Any relatives employed, or other volunteers serving, at LRMC or TVHS? Yes No
 If yes, please list name(s) and department(s): _____

Service Preferences: Time: Morning Afternoon Evening

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

Assignment: Please check your preferences: (Areas marked with * require primarily walking/standing.)

- * Ambassador (greet and escort patients)
- * Ambulatory Diagnostic (customer service for patients, clerical work, transport discharged patients)
- * Ambulatory Surgery (clerical work, run errands, transport discharged patients)
- Cardiovascular Intensive Care Waiting Room (liaison for visitors, maintain waiting room)
- Clergy Office (assist visiting clergy at Lobby Desk)
- Day Surgery Center (reception for patients, paperwork for staff, filing)
- * Emergency Department (patient liaison with staff, replace linens, stock supplies)
- Emergency Department Triage (assist with patient arrivals, liaison for visitors/patients)
- * Gift Shop (retail operation: operate cash register, assist customers)
- Greeter (greet visitors entering hospital lobby, give directions)
- Health Information Services (sort and distribute reports)
- ICU Waiting Room (liaison for visitors, maintain waiting room)
- Joint Center (assist orthopedic surgical patients and staff)
- * Lobby Desk (greet patients/visitors, give directions/information, deliver flowers, discharge patients)
- * Mended Hearts Visitor (support for heart surgery patients) [NOTE: previous open heart surgery required]
- North Campus Lobby (greeting/information for visitors)
- * Patient Floors (discharge patients, run errands, provide information for visitors, assist with clerical work)
- * Pharmacy (unpack boxes, check expiration dates, file, make copies, clean/organize, assist with sales)
- Surgical Waiting Room (reception/information/liaison with families)
- * Thrift Shop (retail operation: stock merchandise, assist customers)
- Transport (drive hospital golf carts to pick up/drop off visitors, patients, and staff to parking lots)

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:

PLEASE READ AND SIGN.

If accepted as a College Student Volunteer for Leesburg Regional Medical Center, 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 Leesburg Regional Medical Center may revise its policies and procedures at any time.
- I understand that all facilities of Leesburg Regional Medical Center are tobacco/smoke free.

I understand that the Volunteer Services Department of Leesburg Regional Medical Center reserves the right to terminate my volunteer status as a result of 1) failure to comply with hospital 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 hospital and its patients.

I consent to 1) any pre-volunteer testing/screening required by the hospital and 2) annual health testing and training required by the hospital. I further give permission to the hospital 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 Leesburg Regional Medical Center. 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 hospital 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: _____