

ADULT VOLUNTEER APPLICATION

For Office Use Only:

Interview Date: _____ Health Records Completed: _____
 HR Background Cleared: _____ Orientation/Badge/Polo Received: _____

PERSONAL INFORMATION

FULL NAME: _____
As it appears on your Social Security Card

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____ **DATE OF BIRTH:** _____

EMERGENCY CONTACT: _____
Name Phone Relationship

RETIRED Y/N CURRENTLY EMPLOYED Y/N NAME OF EMPLOYER: _____

STUDENT Y/N NAME OF SCHOOL: _____

EDUCATION: High School Diploma/GED Undergraduate Degree Graduate Degree

Major/Degree: _____

Polo Shirt Size (Circle): Men's / Women's XS S M L XL XXL XXXL

CURRENT AND PAST VOLUNTEER EXPERIENCE

ORGANIZATION NAME	DATES OF SERVICE	DUTIES	CONTACT PERSON	PHONE

DISCLOSURE OF FAMILY RELATIONSHIPS

- I have no relatives currently employed at Baptist Health System Hospitals
- I have the following relative(s) employed at Baptist Health System Hospitals (please print):

Name	Department	Title	Relationship

AVAILABILITY AND ELIGIBILITY

Please indicate the days and shifts that you are available:

	SUN	MON	TUES	WED	THUR	FRI	SAT
Morning							
Afternoon							
Evening							

Do you have any physical or medical conditions that would limit your ability to perform the duties of a volunteer? YES NO

If yes, please explain: _____

Have you ever been convicted of misdemeanor or felony? YES NO

If yes, please explain: _____

Baptist Health System is an equal opportunity employer. Baptist Health System will make reasonable accommodations for qualified individuals with disabilities unless doing so would result in an undue hardship. Please inform the hiring manager if accommodations might be needed for applicant's potential job position.

ATTESTATION

As a volunteer of a Baptist Health System, I understand that I am giving voluntarily of my services with no expectation of financial gain or future employment. I understand that I am accountable to understand the specific policies and procedures related to my volunteer services. I will be responsible for asking questions and indicating when I feel my knowledge and/or skills are not adequate to perform my service so that my supervisor can provide instructions.

I understand that acceptance into Baptist Health System volunteer program is contingent upon passing a background check. I also understand that I must comply with and maintain employee health requirements. This includes immunizations for Varicella, MMR, TDAP, Annual Flu Vaccine and TB Skin test.

SIGN: _____

PRINT: _____ **DATE:** _____

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____ hereby authorize Baptist Health System to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Baptist Health System will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

SIGN: _____

PRINT: _____ **DATE:** _____