

Application For Volunteer Service

Please print clearly

Today's Date: _____

Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip Code

Phone Number: _____ Cell Number # _____

E-mail: _____ U.S. Citizen Yes No

Have you ever been convicted of a felony? Yes No

If yes, give details: _____

Service area of interest: (i.e. information desk, gift shop, clinical areas, etc.)

1. _____
2. _____
3. _____

Availability:

Please circle:

Day: S M T W TH F SA

Time: Mornings Afternoons Evenings

Do you have any restrictions that might affect your volunteer placement with Community Healthcare Systems? _____

Current/Previous Work Experience: _____

Volunteer Experience: _____

Education/Special Training: _____

Skills: _____

Accomplishments/Hobbies: _____

Community Affiliations: _____

Who or what encouraged you to volunteer? _____

References:

1. _____
Name Address Phone #

2. _____
Name Address Phone #

List any friends or relatives employed or volunteering within the Community Healthcare System: _____

Emergency Contact : Name: _____

Address: _____

City State Zip Code

Phone: _____

I authorize my references to provide information to Community Healthcare Systems that is relevant to my volunteerism.

Community Healthcare System is dedicated to providing quality health services, providing compassionate care of body, mind and spirit, and delivering superior service to our patients, families and visitors.

I also agree to respect the dignity and rights of each individual and maintain all information in the strictest of confidence. I understand that violations of any policy of the Community Healthcare System may result in the immediate dismissal from the Volunteer Program.

I understand that volunteerism is subject to conditions of the Drug Free Workplace Act of 1988.

Conditions of Volunteerism

Please read carefully

Please read the foregoing conditions of volunteerism. Your signature indicates that you agree to comply with the terms and conditions within:

1. By signing this application, I verify that the information contained in this application is correct to the best of my knowledge. False information may be grounds for rejection of my application or termination of service. Submission of this application does not automatically insure placement.
2. If placed, I will be required to have a health assessment and my continued volunteerism will be subject to my ability to satisfactorily perform the duties and responsibilities of my position.
3. Our selection is not based on race, creed, color, religion, national origin, age, sex, physical or mental disability.
4. In accordance with state Law IC 16-18-13 all candidates will be reference checked for a criminal history through the Indiana State Police Indianapolis Office. History of criminal conviction shall disqualify you from volunteerism within the Community Healthcare System.

I have read the foregoing Conditions of Volunteerism and I agree to comply with the terms and conditions therein:

In addition, I authorize investigation of all statements contained in my application. I understand that my volunteerism is contingent upon satisfactory completion of a drug screen (if applicable) Any statements made by me that are proven false may be considered cause for dismissal. I hereby authorize former employers and educational institutions, their officers, agents, or employees to furnish any information concerning my previous employment/volunteer record, job performance and character, and hereby release them from liability for reason thereof.

Applicant's Signature

Date

Office use only: Date of Birth _____

New Volunteer Checklist

(Official Use Only)

Service Description: _____

Date of Placement: _____

- Date of Birth _____
- Form of Identification _____
- 1st TB _____
- 2nd TB _____
- Identification Badge _____
- Orientation _____
- Handbook _____
- Uniform _____
- Schedule _____
- Auxiliary Application _____
- Confidentiality Statement _____
- Code of Conduct / Corporate Compliance _____

Comments:
