

Please print, complete and mail the application to:

**Heart of Florida Regional Medical Center
Auxiliary, Inc.
P.O. Box 35
Haines City, Florida 33845-0035**

Volunteer Application

Date: _____

(Please circle) Ms. Mrs. Mr.

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

If presently employed, name of firm _____

Position _____ Work hours & days _____

Contact in case of emergency:

(Name)	(Relationship)	(Home phone)	(Work phone)
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Limitations related to health _____

Have you volunteered for this organization before? Yes No

How did you become interested in our volunteer program? _____

At what days and times are you available to volunteer?

Day(s) _____ a.m. ____ p.m. ____

Have you been convicted, plead guilty to or nolo contendere to or had adjudication withheld or been placed on probation for a felony or misdemeanor (excluding traffic violation)?

Yes No If yes, give dates, charges, disposition and court _____

Do you have knowledge of any impending charges? Yes No

Education _____

Volunteer experience _____

Work experience _____

Indicate hobbies/skills/special interests/foreign or sign language skills:

References:

Personal or Professional References (Please exclude relatives)

1. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

AGREEMENT: (please read carefully)

In making application to become a Heart of Florida Regional Medical Center volunteer, I agree to abide by the Policies and Procedures of the Hospital, the Dress Code and the Code of Ethics. I will keep all patient information completely confidential. I know that I must complete the Health Screening process, attend Orientation, complete training sessions, strictly adhere to my service guidelines and accurately record my service hours.

I understand that the organization is not obligated to provide a placement, nor am I obligated to accept the position offered. I agree to return my photo ID badge in the event I do not complete membership requirements or when I leave the program.

Qualified applications will be considered without regard to race, color, sex, religion, age, national origin, disability or marital status.

Signature of Applicant

Date

For Office use only:

Date application received: _____ Interviewed by: _____ Date: _____

ID Badge issued: _____ Orientation date: _____ Health Screening: _____

Service Assignment: _____

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