



Adult Volunteer Application

(Must be at least 18 years of age to apply)

**Mail completed application to HOFPMC, 40100
Highway 27, Davenport, FL 33837. To the attention of
Volunteer Coordinator. If your availability and interests
meet our current needs, we will call you to schedule an
interview. Thank You!**

DATE _____

PERSONAL INFORMATION

Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Phone _____ Secondary Phone _____

Email Address _____

Do you speak any foreign languages? No () Yes (), if yes, please list _____

EMERGENCY INFORMATION

Emergency Contact _____

Relationship to you _____ Home Phone _____

Work Phone _____ Cell Phone _____

QUESTIONNAIRE

Why are you interested in volunteering? _____

Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school, courts)? No () Yes (), if yes, please describe the service requirements.

Service Organization _____

Contact and Phone Number _____

Is there anything that may adversely affect your ability to perform volunteer work? No ()
Yes (), if yes, please describe _____

Are there any accommodations needed in order for you to safely and competently perform
volunteer work as requested? _____

Are you physically able to transport patients in a wheelchair? ? No () Yes ()

Please check all areas that you are interested in working in the hospital:

- | | |
|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Information Desk |
| <input type="checkbox"/> Admitting Desk | <input type="checkbox"/> Materials Management (stocking) |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Education | <input type="checkbox"/> Parking Shuttle Driver |
| <input type="checkbox"/> Escort | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Radiology Desk |
| <input type="checkbox"/> Health Information Management | <input type="checkbox"/> Same Day Surgery Desk |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> TLC (water pass) |

EDUCATION & WORK EXPERIENCE

Education: Check highest level

High School 9 () 10 () 11 () 12 () GED ()

Name & State _____

College: 1 () 2 () 3 () 4 () Graduate School: 1 () 2 () 3 () 4 ()

Degree/Major _____

Employment Experience:

Have you ever worked at any hospital? _____ If yes, which hospital, and what were your duties? _____

Last Place of Employment (if any):

Business Name _____

Address _____ Phone _____

Position _____ Supervisor's Name _____

OTHER:

Have you ever been convicted of a felony? No () Yes ()

Have you ever been convicted of a misdemeanor No () Yes ()

If "Yes" to either question, please describe the conviction(s) in detail, including dates.

How did you hear about this volunteer program? _____

Do you hold any special medical or clinical certifications or licenses, or had medical training of any type? _____ If yes, please list: _____

When can you start volunteering? _____

Please mark days and times you are available to volunteer. Note: Volunteers typically volunteer 1 to 2 four -hour shifts each week.

() Monday _____ to _____

() Tuesday _____ to _____

() Wednesday _____ to _____

() Thursday _____ to _____

() Friday _____ to _____

() Saturday _____ to _____

() Sunday _____ to _____

Certification and Authorization

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of the Hospital.

I authorize the Hospital to investigate all statements contained in this application and to make inquires of my personal references and medical history, as well as other related matters as may be necessary or individuals from all liability in responding to inquiries relating to my volunteer application.

Name: _____

Date: _____