

# Volunteer Application

**To Volunteer Applicant:** We appreciate your interest in volunteering for our organization and assure you that your qualifications will be seriously considered. A clear understanding of the volunteer role will help in your decision and aid us in placing you in the volunteer position that best meets your interests and experience. The volunteer team supports Texas Health Presbyterian Hospital Rockwall (THRW) by providing a service to patients, visitors and the hospital staff. Volunteers do not shadow medical staff or participate in any type of patient medical care. To be eligible, volunteers must pass a background check, drug test, and successfully complete a two day orientation. A yearly flu shot and TB test is required. Volunteers are requested to commit to a 6 month period, volunteering at least 3 hours per week (Monday thru Friday, 9:00am-3:00pm).

How were you referred to us:	Date of Application:
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## Volunteer Applicant Data

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Have you previously served as a volunteer for this auxiliary or THRW?  Yes  No

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing, or plead no contest for any offense, including misdemeanors, other than for minor traffic violations or are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping the charge?)  Yes  No

If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

**Note:** A "yes" answer to these questions does not automatically disqualify you for Volunteer Services. The nature and date of the crime/charge and type of volunteer service for which you are applying will be considered. However, falsification of this application will be sufficient cause for rejection of volunteer application or immediate dismissal of services.

Do you have any relatives who work for or have worked for the auxiliary or THRW?  Yes  No

If yes, who and how are they related? \_\_\_\_\_

\_\_\_\_\_

Previous work and/or volunteer experience: \_\_\_\_\_

Are you bi-lingual?  Yes  No Language spoken or read: \_\_\_\_\_

Special education, training, skills (including computer) and interests: \_\_\_\_\_

Reason for volunteering: \_\_\_\_\_

Type of service that interests you: \_\_\_\_\_

(please attach additional sheet if more space is needed)

Please check the times you would be available for volunteer assignments:

Monday  Tuesday  Wednesday  Thursday  Friday

Hours preferred:  Morning (9:00am-12:00pm)  Afternoon (12:00pm-3:00 pm)

I agree to abide by the rules and regulations of the auxiliary and agree that my volunteer services may be discontinued at any time. I understand that misrepresentation or omission of the facts called for hereon or failure to pass a required drug screening will be sufficient cause for the rejection of my application for Volunteer services from the auxiliary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_