

**APPLICATION FOR A VOLUNTEER POSITION  
PLEASE PRINT CLEARLY**

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
          **Last**                          **First**

**ADDRESS:** \_\_\_\_\_ **OTHER PHONE:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIPCODE:** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**SPECIAL SKILLS:** Please list the special skills you may have

      \_\_\_ **Typing WPM**                  \_\_\_ **Computer**  
      \_\_\_ **Word Processing**          \_\_\_ **Other**

**PLEASE INDICATE PREVIOUS VOLUNTEER EXPERIENCES (past or current)**

\_\_\_\_\_  
\_\_\_\_\_

**Assignment Preferred:** \_\_\_\_\_

**AVAILABILITY:** \_\_\_ Weekday Hours \_\_\_ am to \_\_\_ pm \_\_\_ Evening Hours \_\_\_ pm to \_\_\_ pm  
                                  \_\_\_ Weekend Hours \_\_\_ am to \_\_\_ pm

**REFERENCES:**

1. \_\_\_\_\_  
                          **Name**                          **Relationship to you**                          **Phone no.**

2. \_\_\_\_\_  
                          **Name**                          **Relationship to you**                          **Phone no.**

**HIGHEST LEVEL OF EDUCATION** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**WHY DO YOU WANT TO VOLUNTEER OR WHAT DO YOU HOPE TO GAIN FROM THIS VOLUNTEER EXPERIENCE?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTERESTS, SKILLS, HOBBIES:** \_\_\_\_\_

**PERSON TO BE CONTACTED IN AN EMERGENCY:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Have you ever been employed or are currently employed by Trinitas Hospital?**

**Yes** \_\_\_ **No** \_\_\_

**Have you ever been convicted of a crime that has not been annulled, expunged or sealed by a court?**

**Yes** \_\_\_ **No** \_\_\_

**If Yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

***Please read the following carefully before signing this application***

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Trinitas Hospital that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Trinitas Hospital or my termination as a volunteer. I hereby authorize that I may be interviewed, photographed or videotaped by a photographer or videographer authorized by Trinitas Hospital. I understand that such interview, photograph or video may be used in print and electronic communications. I further understand that this consent is expressly intended to release all personnel of Trinitas Hospital, as well as the attending physician and consultants, from any claim arising out of the use of such interviews, photographs and/or videotape

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Signature

Date

**IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT:**

- 1. I shall at all times uphold the mission, vision and values of the hospital.**
- 2. I shall make my best effort to fulfill my commitment of a minimum 50 hours to the hospital by completing all assignments that I accept.**
- 3. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.**
- 4. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, physicians or staff, and not seek to obtain confidential information from a patient.**
- 5. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and or, Director of Volunteer Services.**
- 6. I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.**
- 7. I agree to sign a release of medical information form so that my doctor(s) may furnish Trinitas Hospital information concerning my health.**
- 8. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of: (a) failure to comply with Hospital policies, rules and regulations; (b) absences without notifications; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances**

**which, in the judgment of the Director of Volunteer Services, would make my continued service as a volunteer contrary to the best interests of the hospital.**

**I have read each of the above conditions and I agree to be bound by them.**

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**Volunteer Signature**

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**Date**





## **AUTHORIZATION**

During the application process and at any time during the tenure of my volunteering with Trinitas Hospital, I hereby authorize ChoicePoint Services Inc., on behalf of Trinitas Hospital to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

\_\_\_\_\_  
Applicant Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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## **BACKGROUND VERIFICATION DISCLOSURE**

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

**DO NOT WRITE ON THIS PAGE**

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**TO BE COMPLETED BY VOLUNTEER OFFICE:**

**Interview Date:** \_\_\_\_\_

**Orientation Date:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Preceptor:** \_\_\_\_\_

**Volunteer Assignment:** \_\_\_\_\_

**Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Training Sessions:** \_\_\_\_\_

**Physical Limitations:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

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