



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 your background and interests will aid us in placing you in the volunteer position that best meets your experience. The use of this form does not in any way obligate Texas Health Presbyterian Hospital of Rockwall ("PHR"). This Volunteer Application will be kept on file at least 90 days from the date of application.

	Date of Application:
How were you referred to us:	

Volunteer Applicant Data

Name: _____

Address: _____

City _____ State: _____ Zip _____ Home Phone: _____

Cell Phone: _____ E-mail address: _____

Social Security # _____ Date Available to Start: _____

Are you currently attending school? ____ Name of School _____

How did you hear about the program: Friend ____ Employee ____ Relative ____ Newspaper ____
 Volunteer Other: _____

Have you ever served as a volunteer at PHR before? 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 PHR? Yes No

If yes, who and how are they related? _____

Personal and/or Employment References (no relatives)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

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: _____

What will make your volunteer experience a success; what do you hope to gain or learn as a result of volunteering?

Type of service that interests you: _____

Time Commitment

Most Volunteer shifts are weekly commitments, and run 4 hours in length. It is best when a volunteer can make a total commitment of at least 100 hours over several months to ensure continuity and adequate training.

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

Monday Tuesday Wednesday Thursday Friday Saturday

Hours available: Morning (9:00am-12:00pm) Afternoon (3:00pm-6:00 pm)

Evening (6:00pm-9:00pm) (Some departments hours vary)

I understand that I am applying to be a volunteer, not a paid employee, within Texas Health Presbyterian Hospital Rockwall. (PHR) I agree that I am not actively seeking employment from this volunteer experience. I understand that I am authorized solely to perform tasks assigned specifically to me. I agree to abide by the rules and regulations of PHR, including the Drug Free Workplace Policy, and agree that my volunteer services may be discontinued at any time. I understand that all information concerning this hospital and its patients is strictly confidential, and I hereby agree to maintain this confidentiality. I authorize references and prior employers to provide all information they may have concerning me to PHR and I release all parties from any and all liability or claims for damage whatsoever that may result. I understand that misrepresentation or omission of the facts called for hereon, receipt of unsatisfactory references, or failure to pass a required drug screening will be sufficient cause for the rejection of my application for Volunteer services from PHR. I understand that as a volunteer of Texas Health Presbyterian Hospital Rockwall, I may not provide volunteer services that involve direct patient care, and I may not provide volunteer services that require a license or certification. In addition, as a condition of volunteer placement, I may not solicit physicians or other clinical staff for "shadowing" or other educational opportunities. Such behavior may result in termination from my volunteer assignment.

Signature: _____ Date: _____

Please complete the Application Disclosure/Release.