



FLORIDA HOSPITAL
FLAGLER
Auxiliary

Volunteer Auxiliary of Florida Hospital Flagler

60 Memorial Medical Parkway

Palm Coast, FL 32164

Phone: (386)586-4234 E-Mail: fhfauxiliary@fhms.org

VOLUNTEER APPLICATION

Applicant Form: Print clearly and return the completed form to the Volunteer Services Department

(Check one) Miss [] Ms. [] Mrs. [] Mr. []	Today's Date:
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First Name:	Middle:	Last Name:
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Home Address:

City:	State:	Zip Code:
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Home Telephone: ()	Date of Birth:
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Work Telephone: ()	
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Cellular Telephone: ()	E-Mail Address:
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Are you currently employed? Yes [] No [] If yes, please complete information below)

Employer:	Address and Phone number:
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Describe Job Duties:

EMERGENCY CONTACT INFORMATION:

Name:	Relationship:
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Home Telephone: ()	Work Telephone: ()
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Name of Primary Physician:	Telephone No.: ()
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Do you have any physical limitations, hearing or visual problems, or mental disorder that would impair your ability to perform as a volunteer at Florida Hospital Flagler without any supplemental assistance? Yes [] No []

If yes, explain:

Have you ever been arrested or convicted of a crime? Yes [] (If yes, please explain below) No []
 (An affirmative response will not automatically disqualify you from being considered.)

Name of friends and/or relatives employed or volunteering at Florida Hospital Flagler:

Name:	Relationship:	Department:
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Name:	Relationship:	Department:
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Education

Name of High School:	High School Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of College:	College Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Graduate School:	Graduate School Graduate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Specialized Education or Training (Please list):

Personal References: (not related)

Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:

Volunteer Experience: (List current or previous volunteer activities you have been involved with):

Name of Volunteer Program	Type of Duties Performed	Date
1		
2		
3		

Please explain your interest in volunteering:

Special interests or hobbies:

Is there a particular type of assignment or volunteer duty you would prefer to do?

Type of Volunteer Assignment Preferred (Check One)	<input type="checkbox"/> Volunteering in programs directly interfacing with patients.	<input type="checkbox"/> Volunteering in programs that involve clerical duties with minimal patient interaction.	<input type="checkbox"/> Volunteering in programs that include directly interfacing with clerical responsibilities
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List languages spoken other than English _____ List languages written other than English: _____

VOLUNTEER ASSIGNMENTS

Shift schedules are normally based on a 4-hour consecutive assignment. Volunteer assignments can start as early as 8:00 a.m. in the morning. Assignments start times vary by departments and are available throughout the day and into the evening. Evening starting times begin at 4:00 p.m. and end at 8:00 p.m. Volunteer assignments are available seven days a week, early morning, through late evening.

Indicate the day or days of the week you are available to volunteer as well as the starting shift schedule you would prefer. If you are flexible in the days of the week and starting time, please go ahead and place a check in any of the boxes based upon your availability. This information will help us to determine the possible position openings that may be of interest to you.

Please Check the Shift Schedule(s) and Day(s) You Are Available to Volunteer

Volunteer Shift Start Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early Morning between 8:00 a.m. to 12:00 p.m.							
Afternoon between 12:00 p.m. to 4:00 p.m.							
Evening between 4:00 p.m. to 8:00 p.m.							

Please indicate below the skills and/or experiences you possess and would be willing to utilize in volunteering at Florida Hospital Flagler.

Office and/or Technical Skills	Creative Skills	Other Skills
<input type="checkbox"/> Accounting	<input type="checkbox"/> Musical Instruments	<input type="checkbox"/> Customer Service Experience
<input type="checkbox"/> Computer Knowledge	<input type="checkbox"/> Sing	<input type="checkbox"/> Food Service Experience
<input type="checkbox"/> Filing	<input type="checkbox"/> Sewing/Needlework	<input type="checkbox"/> Mailroom Experience
<input type="checkbox"/> Office Machines (10-key Adding)	<input type="checkbox"/> Drawing/Painting	
<input type="checkbox"/> Reception Desk Skills		
<input type="checkbox"/> Telephone		
<input type="checkbox"/> Typing		

List other skills and/or experiences:

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I authorize representatives of Florida Hospital Flagler to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the Organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Organization, all persons and entities acting on its behalf, and all persons and entities requesting or supplying such information.

_____ Date

_____ Signature of Applicant

CHANGE IN MEMBERSHIP STATUS

If it is determined that I am no longer able to perform the required duties of my job as an Auxiliary Volunteer, an alternative job requiring different job skills will be recommended. If there are no services available where different skills may be utilized, I understand that I may be asked to transfer my membership to "Associate" status (\$15.00 annual dues; no hours worked are required; no meeting attendance required) or forfeit my membership, at which time I must surrender my jacket and I.D. badge.

When a decline in my physical, mental or emotional health places me, a patient, guest or family member or a hospital staff member in a position which may result in undue hardship, injury or serious administrative and/or functional inaccuracies, I may transfer my membership to "Associate" status (\$15.00 annual dues; no hours worked are required; no meeting attendance required) or forfeit my membership, at which time I must surrender my jacket and I.D. Badge.

Date

Volunteer's Signature

Date

Witness Signature

Thank you for completing the volunteer application! Please remit the completed application to the Visitor's Desk or mail to the address listed above. A representative of the Volunteer Services Department will contact you to set up an appointment to meet with a Volunteer Coordinator to discuss volunteer opportunities at Florida Hospital Flagler.