

First Name	M.I.	Last Name	Birth Date Information	Volunteer Category												
			Month: Date:	<input type="checkbox"/> Student (14-17) <input type="checkbox"/> Adult (18 and up)												
Please check all that apply: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____																
Permanent Address: I receive mail at this address from (month) _____ to (month) _____.																
Address 1	Address 2	City	State	ZIP												
Seasonal Address: I receive mail at this address from (month) _____ to (month) _____.																
Address 1	Address 2	City	State	ZIP												
Daytime Phone	Evening Phone	Cell Phone	Email Address													
Marital Status		Spouse First Name	Spouse Last Name													
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed																
Emergency Contact (E.C)		E.C. Relation	E.C. Phone													
Education Information																
High School	City	State	Grade Completed													
College/University	City	State	Degree													
College/University	City	State	Degree													
Computer Skills (check all that apply)	Foreign Language: (check all that apply)	Recent Certifications or Awards (please fill in)														
<input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Others: _____	<input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Others: _____ _____	<table style="width:100%; border:none;"> <tr> <td style="border:none; width:80%;">_____</td> <td style="border:none; width:20%;">_____</td> </tr> <tr> <td style="border:none;">Certification/Award</td> <td style="border:none;">Expiration</td> </tr> <tr> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">Certification/Award</td> <td style="border:none;">Expiration</td> </tr> </table>			_____	_____	Certification/Award	Expiration	_____	_____	Certification/Award	Expiration				
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Certification/Award	Expiration															
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Certification/Award	Expiration															
Other Skills and Hobbies (please fill in)	Community Organization Involvement or Affiliations (please fill in)															
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<table style="width:100%; border:none;"> <tr> <td style="border:none; width:80%;">_____</td> <td style="border:none; width:20%;">_____</td> </tr> <tr> <td style="border:none;">Organization</td> <td style="border:none;">Position</td> </tr> <tr> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">Organization</td> <td style="border:none;">Position</td> </tr> <tr> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">Organization</td> <td style="border:none;">Position</td> </tr> </table>				_____	_____	Organization	Position	_____	_____	Organization	Position	_____	_____	Organization	Position
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Organization	Position															
_____	_____															
Organization	Position															
Employee or Retiree of: _____																
Relatives that are currently employed at LRHS:			Relationship:													
Area(s) of volunteering interest – please check all that apply																
<input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacy <input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Call Center	<input type="checkbox"/> Clerical <input type="checkbox"/> Health Information Counselor <input type="checkbox"/> Runner	<input type="checkbox"/> Host <input type="checkbox"/> Gift Shop <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Long Term Care	<input type="checkbox"/> Spiritual Care <input type="checkbox"/> Hospice <input type="checkbox"/> Philanthropy	<input type="checkbox"/> Mail <input type="checkbox"/> Special Projects <input type="checkbox"/> Other												
Availability: (circle and check all that apply): S M T W T H F S <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening																

Please turn over

Do you have any restrictions that might affect your volunteer placement with LRHS? No Yes; Please Explain:

Personal References (not relatives)

(1) Name: _____ Phone: _____

(2) Name: _____ Phone: _____

(3) Name: _____ Phone: _____

Parental Consent (needed if volunteer is 17 and under)

I hereby give permission for my daughter/son to volunteer at La Porte Regional Health System and certify that all information is correct. I give permission for my child to have a PPD test for tuberculosis. This test will be given at LRHS Employee Health or VNA at no charge, providing my child returns to the same location within 48 hours after receiving the test to have it read by an employee. Failure to do this will render the test invalid. I understand that my child cannot begin her/his service until the results of this test have been confirmed. I also understand that when my child has completed her/his service at LRHS the volunteer attire will be returned to the Volunteer Services Department.

(Parent or Guardian Signature)

(Date)

Volunteer Commitment

- I authorize my references to provide information to La Porte Regional Health System (LRHS), Volunteer Services that is relevant to my volunteerism.
- I agree to abide by the mission statement of LRHS which is: *to provide outstanding Customer Service and consistently exceed the personal and clinical expectations of those we serve.*
- I agree to respect the dignity and rights of each individual and maintain all patient information in strict confidence. I understand that violations of any of the policies of LRHS and the La Porte Hospital Auxiliary may result in my immediate dismissal from the Volunteer Program
- I understand that I must have a PPD test for tuberculosis before my volunteering may begin.
- I understand that if I am over 18, a criminal background check will be conducted before my volunteering may begin.
- I understand that making the commitment to volunteer means I will be present and on time as scheduled.
- I understand, if accepted as a volunteer, I will be subject to a review to ensure my volunteer placement coincides with the policies and procedures of LRHS.
- I understand that volunteerism is subject to conditions of the Drug Free Workplace Act of 1998.

(Applicant Signature)

(Date)

COMPLETE BELOW IF YOU ARE 18 AND OVER

La Porte Regional Health System – Release of Information

Last Name: _____ First Name: _____ M.I. _____ Maiden _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy): _____

I hereby authorize and give consent to the release of my criminal and/or traffic record to any and all city, county, state police and sheriff's departments to La Porte Regional Health System as is required for the purpose of volunteerism.

I hereby waive, release and surrender any and all rights to claims which I have against the city, county or state mentioned above, or any of its officers or employees as a result of the release of such records.

Signature of Applicant

Signature of Witness (Dir., Volunteer Services, LRHS)

RECORDS CHECK COMPLETED BY:

Name/Title

Signature

Date