

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



**Department of Volunteer Services**

6901 Medical Parkway Waco, TX 76712 (254) 751-4104

**VOLUNTEER APPLICATION**

**At which campus do you wish to Volunteer?**

<input type="checkbox"/> Providence Health Center	<input type="checkbox"/> DePaul Center	<input type="checkbox"/> Providence Park
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Last Name		First Name		MI
Nickname		Home Phone		Cell Phone
Current Address			City	State
Previous Address			City	State
Email Address			Date of Birth	
In case of emergency, please notify:			Relationship	Phone

**Background:**

Have you filed an application here before?  Yes  No If yes, when?

How did you learn about volunteer opportunities at Providence?

List your previous volunteer experience:

Are you presently enrolled in a school, college or university?  Yes  No If yes, where?

Are you presently employed?  Yes  No If yes, where?

Are you on layoff and subject to recall?  Yes  No

Have you ever been convicted of a crime other than a minor traffic offense (including Military Service?  Yes  No  
 If yes, please explain. Providence Healthcare Network conducts criminal record checks. Failure to divulge complete information will disqualify you from volunteering. However, a conviction will not necessarily disqualify an applicant from volunteering. **A valid social security number is required for all criminal background checks.**

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?  
 Yes  No

Do you speak any language other than English?  Yes  No If yes, please list:

**List your interests, hobbies, community activities:**


**Name, address and telephone number of three references who are not related to you:**


**Volunteer work preferences (please check all that apply:)**

- Helping Patients    
  Helping Visitors    
  Customer Service    
  Office/Clerical  
 Answering Phones    
  Errands/Delivery    
  Other \_\_\_\_\_

**Check the days and times below that you would be available to volunteer.** Some areas may require different hours, but typical shifts are: 8 a.m. – noon (a.m.); and noon – 4 p.m. (p.m.)

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.

Are you interested in working evening hours?  Yes     No

**VOLUNTEER AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I understand that just as a volunteer may choose to stop providing help to Providence Healthcare Network, Providence Healthcare Network may, in its sole discretion, choose to select the services a volunteer may be allowed to provide, and it may choose to refuse the services of any volunteer, at any time and for any reason.

I agree to uphold the purposes, bylaws and policies of Providence Volunteer Services and the Healthcare Network it serves. I understand that I will be serving without compensation of pay and solely for my own personal purpose or pleasure. I understand that my membership is automatically renewed, and my name is added to the mailing list, upon payment of annual dues and completion and return of this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

**Active status encourages volunteer service of at least four (4) hours per week.**

- Dues for Active Status:                      \$10.00 per year  
 Dues for Inactive Status:                    \$20.00 per year  
 Lifetime Membership:                        \$100.00 (one time payment)

ENCLOSED AMOUNT \$ \_\_\_\_\_     Cash     Check

**THIS BOX FOR VOLUNTEER OFFICE USE ONLY**

- |   |  |
|---|--|
| <input type="checkbox"/> Orientation date: _____<br><input type="checkbox"/> TB Test completion date: _____<br><input type="checkbox"/> Uniform purchased<br><input type="checkbox"/> Dues collected<br>Service area: _____<br>Background check completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Notified membership chair<br><input type="checkbox"/> Name Badge made: _____<br><input type="checkbox"/> Posted on computer<br><input type="checkbox"/> Posted in director's book<br>Day/Shift: _____<br>If yes, date sent to HR: _____ |
|---|--|

Director's Comments: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date \_\_\_\_\_