



VOLUNTEER SERVICE APPLICATION (Adult)

Please print or type

Name: _____
(First Name) (Middle Initial) (Last Name)

Mailing Address: _____

City/State: _____ Zip: _____

Home AC/Telephone #: _____ Cell Phone #: _____

E-Mail Address: _____

Date of Birth: _____ Social Security #: _____
Month Day

Employer: _____ Hours: _____

Work Address: _____ Work Telephone #: _____

Personal References: (Required)

1) Name: _____

Address: _____

City/State/Zip Code: _____

2) Name: _____

Address: _____

City/State/Zip Code: _____

Please note: Your references will be contacted and asked to complete and return a reference form before your application can be processed. You may want to let them know to expect the form and ask that they complete and return them in a timely manner to avoid delays.

Previous Volunteer Experience: _____

Special Interests: _____

Skills: _____

Please share with us the reason you are interested in being a hospital volunteer: _____

Please circle the day/days you are available and indicate the time of day that you would prefer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred shift time: (please circle and make note if there is a particular time you prefer)

Morning _____ Afternoon _____ Evening _____

In what area of the hospital are you most interested in volunteering: (Please indicate 1st, 2nd, & 3rd choices)

Registration___ Magazine/ Book Cart ___ Clerical ___ Lab ___ Gift Shop ___ PACU ___

Inpatient Rehab ___ Craft/Stitchers Group ___ Emergency Room ___ Human Resources ___

Lobby Information Desk ___ Medical Records ___ Sugar Land Diagnostic Center Front Desk ___

Patient Ambassador Nursing Units___ Nutrition ___ Outpatient Rehab ___ Radiology ___

Surgery/ICU Info Desk ___ Volunteer Office ___ Outpatient Scheduling ___ Day Surgery___

Concierge Desk ___ Comfort Cart ___

Please note: Assignments in all areas may not currently be available. Some departments do not accept volunteers in the evenings and on weekends.

Are you interested in or actively seeking employment? Yes ___ No ___

Are you currently a student in any educational program? Yes ___ No ___

If Yes – please indicate: College or school: _____

Major: _____ Class Schedule: _____

Have you ever been convicted of or pled guilty to a criminal offense other than minor traffic violations?

Yes ___ No ___

If yes, please explain: _____

I understand and agree that a volunteer is an individual who performs hours of service for a public agency for civic, charitable or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered and that services are offered freely and without pressure or coercion. I understand that by completing and signing this application I am giving West Houston Medical Center Volunteer Services Department permission to verify all information and to check my references. Further, I understand the information obtained will be used as one basis for acceptance or denial as a volunteer. I understand that completion of this application does not guarantee acceptance as a volunteer at West Houston Medical Center. If accepted as a volunteer at WHMC, I hereby agree to comply with the ethics, rules and regulations of the hospital and to perform my duties to the best of my ability.

Signature of Applicant: _____ Date: _____

DO NOT WRITE IN THIS AREA (for office use only)

Date Interviewed: _____ Orientation Date: _____ Start Date: _____

Assignment: _____ Day (s)/Shift: _____

Date Terminated: _____ Reason: _____