

## Volunteer Application

<b>Personal Information</b>	
Name	
Street Address/Apt.	
City, State, ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Date of Birth	
Size of Jacket/Polo Shirt	XS S M L XL XXL

<b>Emergency Contact</b>	
Name	
Relationship	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

<b>Employment</b>	
<input type="checkbox"/> Employed	Employer:
<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Retired	
<input type="checkbox"/> High School Student	High School:
<input type="checkbox"/> College Student	College:



<b>Evaluation</b>	
Please select all the options that apply to you.	
<input type="checkbox"/>	I have carefully considered my schedule and I know I can make a commitment for minimum of 4 months
<input type="checkbox"/>	I have some time available and I wish to give back
<input type="checkbox"/>	I know that patients I see in the hospital might be in pain and I am comfortable working around them
<input type="checkbox"/>	I treat volunteer commitments with the same respect that I do work obligations
<input type="checkbox"/>	I hope my volunteer work with BSWMCL will lead to a job with the hospital
<input type="checkbox"/>	I am in between jobs and am hoping to use my free time to be of service
<input type="checkbox"/>	I hope to meet other people and expand my social network
<input type="checkbox"/>	I am seeking an opportunity to gain experience in a hospital to add to my resume

<b>Background Check</b>	
In consideration of volunteer service a background investigation will be conducted.	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated from volunteering?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Agreement and Signature</b>	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
If accepted as a BSWMCL Volunteer, I agree that:	
<input type="checkbox"/> I shall hold as <b>ABSOLUTELY CONFIDENTIAL ALL</b> information that I may obtain directly or indirectly concerning patients, doctors or personnel, and <i>not seek</i> to obtain confidential information from a patient.	
<input type="checkbox"/> My services are donated to BSWMCL without contemplation of compensation or future employment.	
<input type="checkbox"/> I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.	
<input type="checkbox"/> I shall make my best effort to fulfill my commitment to BSWMCL by completing all assignments that I	
<input type="checkbox"/> accept. I understand that the Volunteer Services Department reserves the right to terminate my	
as a result of (a) failure to comply with BSWMCL policies, rules and regulations; (b) unsatisfactory attitude, work or appearance; (c) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of BSWMCL.	
Name (printed)	
Signature	
Date	