

## VOLUNTEER APPLICATION

First Name	M.I.	Last Name	Date of Birth	Volunteer Category
			___/___/___	<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: _____		
Address 1	Address 2	City	State	ZIP
Preferred Phone #	Secondary 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 (EC) Name		EC Relation	EC 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)	Community Organization Involvement or Affiliations (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: _____	Organization _____		Position _____	
	Organization _____		Position _____	
	Organization _____		Position _____	
<b>Have you ever been an employee of La Porte Hospital, Starke Hospital, La Porte/Starke Physicians, or Lakeshore Bone &amp; Joint?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Employee or Retiree of:</b>				
<b>Relatives that are currently employed at any of the above listed?:</b>			<b>Relationship:</b>	
<b>Availability:</b> (circle and check all that apply): <b>S M T W TH F S</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				
<b>Do you have any restrictions that might affect your volunteer placement?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes; Please Explain:				

**Parental/Legal Guardian Consent (needed if volunteer is 17 and under)**

I hereby give permission for my daughter/son to volunteer at La Porte and/or Starke hospitals and certify that all information is correct. I give permission for my child to have a 2-step PPD screening for tuberculosis, a flu vaccination, and a five-panel urine drug screen at which I will be present for. All will be given at La Porte and/or Starke hospitals at no charge, providing my child returns to the same location within 48 hours after receiving the TB test to have it read by a certified professional. Failure to do this will render the test invalid. I understand that my child cannot begin her/his service until the results of his/her tests have been confirmed. I also understand that when my child has completed his/her service, the volunteer attire and badge will be returned to the Volunteer Services Department. Failure to return these items could result in payment for them.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

**Volunteer Commitment**

- I authorize my references to provide information to La Porte and/or Starke hospital Volunteer Services that is relevant to my volunteerism.
- I agree to abide by the policies and regulations of La Porte & Starke hospitals.
- 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 La Porte & Starke hospitals may result in my immediate dismissal from the Volunteer Program.
- I understand that I must pass a New Volunteer Screening with Colleague Health that includes a Two-Step PPD screening for tuberculosis, a flu vaccination, and a five-panel urine drug screen before my volunteering may begin.
- I understand that if I am over 18, a criminal background check and OIG Sanction check will be conducted before my volunteering may begin.
- I understand that making the minimum three-month commitment to volunteer means that 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 La Porte & Starke hospitals
- I understand that volunteerism is subject to conditions of the Drug Free Workplace Act of 1998.
- I also understand that when I have completed my service at La Porte & Starke hospitals, the volunteer attire and badge will be returned to the Volunteer Services Department. Failure to return these items could result in payment for them.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(SS# if 17 and under for TB tracking)

**COMPLETE BELOW IF YOU ARE 18 AND OVER**

**La Porte / Starke Hospital - 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 & Starke hospitals, or any affiliates, 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

\_\_\_\_\_  
Director of Volunteer Services

\*All service records will be kept for a minimum of three years