



ADULT VOLUNTEER APPLICANT INSTRUCTIONS

Thank you for your interest in volunteering at our facility. Our people make us successful and the volunteer process is an important aspect of building our team. We appreciate your application and are glad you have shown an interest in joining our team. This sheet is for your information. Please tear it off and keep it for reference.

Please complete the attached application and authorization for release of information form. Print all information so it may be easily read. Be certain that each section is completely filled out and that you sign and date the application and the release of employment records. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. **Incomplete applications will not be considered.**

Please note the following:

THIS FACILITY DOES NOT SUBSCRIBE TO THE WORKERS' COMPENSATION PROGRAM. WE HANDLE ASSOCIATE INJURIES THAT OCCUR ON THE JOB THROUGH OUR OWN MANAGED CARE APPROACH TO HEALTH BENEFITS. YOU WILL HAVE CERTAIN RESPONSIBILITIES IN THAT REGARD IF YOU WISH TO HAVE SUCH BENEFITS AVAILABLE TO YOU.

We will keep your application on file for 6 months. Should an appropriate opening occur, your application will be reviewed along with others. If you are among the most qualified applicants for a position, an interview will be arranged. It is not necessary for you to contact this office regarding any volunteer openings after you have completed your application. Please notify us in writing if your address or telephone number should change.

Placement decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools, former employers and licensing/certification agencies, if applicable. As an Equal Opportunity Employer, decisions are made without regard to race, color, creed, national origin, sex, pregnancy, physical or mental disability or age (as defined by law).

We appreciate your cooperation.

Please mail completed application to:
MEDICAL CENTER OF LEWISVILLE
500 MAIN STREET
LEWISVILLE, TEXAS 75057

ATTN: VOLUNTEER SERVICES



Application for Volunteer Services

IT IS THE POLICY OF MEDICAL CENTER OF LEWISVILLE TO PROVIDE EQUAL OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, OR DISABILITY.

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

SOCIAL SECURITY NO: _____ **TELEPHONE NO:** _____

CURRENT ADDRESS: _____
(Street)

(City) (State) (Zip)

E-mail Address: _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES _____ NO _____

DATE OF BIRTH (Optional): _____

DO YOU HAVE ADEQUATE MEANS OF TRANSPORTATION TO GET TO WORK ON TIME EACH DAY? YES _____ NO _____

HAVE YOU BEEN RELEASED FROM CONFINEMENT FOLLOWING A CONVICTION FOR ANY CRIMINAL OFFENSE WITHIN THE PAST SEVEN YEARS? YES _____ NO _____

ARE YOU PRESENTLY CHARGED WITH ANY VIOLATION OF THE LAW OTHER THAN TRAFFIC VIOLATIONS? YES _____ NO _____

IF YOUR RESPONSE TO ANY OF THE PRECEDING TWO QUESTIONS WAS "YES", GIVE THE DATE, PLACE AND NATURE OF EACH SUCH CONVICTION OR PENDING CHARGE. (THE EXISTENCE OF A CONVICTION OR PENDING CHARGE WILL NOT NECESSARILY PRECLUDE YOU FROM A VOLUNTEER POSITION: THE NATURE OF THE CRIME AND THE RELATIONSHIP TO THE POSITION APPLIED FOR, THE DEGREE OF REHABILITATION THAT HAS OCCURRED AND THE TIME ELAPSED SINCE THE CRIME OR RELEASE FROM CONFINEMENT WILL BE CONSIDERED).



HAVE YOU EVER BEEN EMPLOYED OR VOLUNTEERED AT THIS HOSPITAL?

YES _____ NO _____

IF SO, PLEASE GIVE DATES OF EMPLOYMENT OR VOLUNTEER SERVICE:

SPECIAL SKILLS YOU POSSESS (include any languages spoken):

PREVIOUS VOLUNTEER EXPERIENCE (institutions, agencies, churches, clubs, etc.) INCLUDE ADDRESSES, DATES AND LENGTH OF SERVICE:

REASON FOR INTEREST IN THE MEDICAL CENTER OF LEWISVILLE VOLUNTEER PROGRAM:

EMPLOYMENT HISTORY – LIST CURRENT EMPLOYER AND THOSE FOR WHOM YOU HAVE WORKED DURING THE LAST SEVEN YEARS:

Current Employer	Date of Employment	Position
Address		Phone Number
Previous Employer	Date of Employment	Position
Address		

(IF MORE SPACE IS NEEDED, PLEASE USE ATTACHED SHEET)

PERSONAL OR PROFESSIONAL REFERENCES NOT RELATED TO YOU:

- 1)

NAME	ADDRESS	PHONE NUMBER
- 2)

NAME	ADDRESS	PHONE NUMBER



DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD RESTRICT YOUR VOLUNTEER DUTIES SUCH AS WALKING, STAIRS, LIFTING LESS THAN 30 LBS? OR PUSHING 20 LBS? (See attached Physical Demands Analysis) YES _____ NO _____

IF SO, PLEASE EXPLAIN: _____

I HEREBY AUTHORIZE PERSONAL REFERENCES TO RELEASE INFORMATION PERTAINING TO THE LENGTH OF TIME KNOWN, CHARACTER, INTEGRITY, ETC.

IN MAKING APPLICATION FOR A VOLUNTEER POSITION, I UNDERSTAND THAT AN INVESTIGATIVE REPORT MAY BE MADE BY A CONSUMER REPORTING AGENCY TO INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING, WHICHEVER MAY BE APPLICABLE. IF SUCH AN INVESTIGATIVE REPORT IS MADE, I UNDERSTAND THAT I WILL HAVE THE RIGHT TO MAKE A WRITTEN REQUEST FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THE INVESTIGATION.

I UNDERSTAND THE MEDICAL CENTER OF LEWISVILLE RESERVES THE RIGHT TO REQUIRE ITS VOLUNTEERS TO SUBMIT TO TUBERCULIN TEST AND TO ALLOW INSPECTION OF BAGS, INCLUDING PURSES OR BRIEFCASES OR PARCELS, BROUGHT INTO OR TAKEN OUT OF MEDICAL CENTER OF LEWISVILLE. I UNDERSTAND THAT REFUSAL TO SUBMIT TO A TUBERCULIN TEST OR SEARCH, WHEN REQUESTED TO DO SO, MAY RESULT IN TERMINATION OF VOLUNTEER STATUS.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED A VOLUNTEER POSITION BY MEDICAL CENTER OF LEWISVILLE, MY SERVICE WILL BE FOR NO DEFINITE TERM AND THAT EITHER I OR MEDICAL CENTER OF LEWISVILLE WILL HAVE THE RIGHT TO TERMINATE THE RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE.

DATE

SIGNATURE



APPLICATION DISCLOSURE

PURSUANT TO THE REQUIREMENTS OF THE FAIR CREDIT REPORTING ACT, NOTICE IS GIVEN THAT A CONSUMER REPORT OR AN INVESTIGATIVE CONSUMER MAY BE MADE IN CONNECTION WITH YOUR APPLICATION. IN THE EVENT AN INVESTIGATIVE REPORT IS REQUESTED, YOU ARE ENTITLED TO KNOW AND ARE HEREBY ADVISED THAT THE NATURE AND SCOPE OF THE INVESTIGATION WILL BE TO OBTAIN APPLICABLE INFORMATION FROM PERSONAL INTERVIEWS WITH PREVIOUS EMPLOYERS CONCERNING YOUR WORK HABITS, ACTIONS, AND PERFORMANCE.

IF YOU ARE DENIED VOLUNTEER PLACEMENT, EITHER WHOLLY OR PARTLY, BECAUSE OF INFORMATION CONTAINED IN A CONSUMER REPORT, A DISCLOSURE WILL BE MADE TO YOU OF THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY MAKING SUCH REPORT.

I HAVE READ THE ABOVE NOTICE AND UNDERSTAND WHAT IT MEANS.

PLEASE PRINT:

DATE: _____

APPLICANT NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

APPLICANT SIGNATURE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____