

FLORIDA HOSPITAL *HEARTLAND DIVISION*

**Volunteer Application**

Sebring

Lake Placid

Wauchula

Today's Date: \_\_\_\_\_

***Please print legibly***

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate/Cell Phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (needed in order to get an ID Badge)

Birth Date \_\_\_\_\_ Spouse/Parent Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**SEASONAL RESIDENTS:**

What months are you here in Florida? \_\_\_\_\_

Off Season Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Off Season Phone #: \_\_\_\_\_ Occupation ( \_\_ Current \_\_ Previous): \_\_\_\_\_

Please indicate what skills you have:

Clerical Skills:

- Typing
- Filing
- Phone Receptionist
- Copier
- Computer
- Cash Register
- Other: specify: \_\_\_\_\_

Patient Cares Services: (as applicable to the organization)

- Infant/Childcare
- Escort Service
- Read to patients
- Visiting / listening
- Other: specify: \_\_\_\_\_

Communication Skills:

- Public speaking
- Journalism
- Foreign language \_\_\_\_\_
- Other: specify: \_\_\_\_\_

Personal Skills to Use or Teach:

- Painting
- Photography
- Music, Play instrument \_\_\_\_\_
- Knitting, Crocheting or Sewing
- Baking
- Other: specify: \_\_\_\_\_

Additional skills/comments: \_\_\_\_\_

\_\_\_\_\_

List other organizational volunteer activities you have been involved with: \_\_\_\_\_

\_\_\_\_\_

Would you be willing to work closely with patients?      Yes                      No

Who recommended the Volunteer Program to you? \_\_\_\_\_ Phone \_\_\_\_\_

***Continue on back***



Have you ever pled guilty to any criminal offense (misdemeanor or felony) other than parking tickets?

Yes No

Have you ever pled nolo contendere (no contest) to any criminal offense (misdemeanor or felony) other than parking tickets?

Yes No

Have you ever been convicted of any criminal offense (misdemeanor or felony) other than parking tickets?

Yes No

If you answered 'yes' to any of the last three questions, please provide information on all criminal offenses, dates, locations- city, county, state- and disposition of case.

IF ANY OTHER TYPE OF ALTERNATIVE, DEFERRED, SUSPENDED, POSPONED, OR CONDITIONAL PROSECUTION, ADJUDICATION, DISPOSITION, SENTENCE, PROGRAM OR RELEASE, PLEASE DESCRIBE.

A background check will be performed before acceptance into the program.

Please provide us with one personal reference (an individual you have known for at least two years—not relatives):

Name Phone

Address

Name and Phone of Person to Notify in case of Emergency:

Name: Relationship:

Phone: Alt Phone:

What areas are you interested in volunteering at Florida Hospital? (Please list in order by area name):

(1) (2)

(3) (4)

(5) (6)

Assignments will be matched to availability on the shift they are needed.

What days are you available:

What Time: (Shift hours may change for different departments)

S M T W Th F S

8-12

12-4

4-8

Are there any physical limitations we should be aware of:

If you have any further questions, please call the Volunteer Coordinator at 402-3368.

THANK YOU for your interest in serving as a volunteer.

Signature: Date:



CONSENT TO OBTAIN CONSUMER REPORTS FOR VOLUNTEER PURPOSES

In connection with, and for the duration of, my volunteer services (including contract for services) with you, I understand that you may obtain consumer reports for volunteer purposes that relate to my criminal, driving, employment or education history. This information will, in whole or in part, be obtained from Acxiom Information Security Services, Inc., 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. These reports may include information as to my general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my driving, civil, education and other experiences.

I authorize, without reservation, any party, institution, or agency contacted by Acxiom or this employer to furnish the above mentioned information:

Applicant Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth\* Social Security Number  
\*Date of Birth is requested in order to obtain accurate retrieval of records.

Alias/Previous Name(s) \_\_\_\_\_

Current Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Prospective Employer \_\_\_\_\_

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy directly from Acxiom. California applicants may receive a copy from either the prospective employer or Acxiom.

**Notice to CALIFORNIA Applicants**

Under Section 1786.22 of the California Civil Code, you have the right to request from Acxiom, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which Acxiom has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Acxiom during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

**Notice to NEW YORK Applicants**

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

We will also require a copy of your Driver's license for ID purposes. We can make a copy of it in the Volunteer Office.