

FLORIDA HOSPITAL HEARTLAND DIVISION
Student 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: _____

Reason you are volunteering: _____

Please indicate what skills you have:

Clerical Skills:

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

Communication Skills:

- Public speaking
- Journalism
- Foreign language _____
- Other: specify: _____

Patient Cares Services: (as applicable to the organization)

- Infant/Childcare
- Escort Service
- Read to patients
- Visiting / listening
- 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.

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

Name of school: _____

Name _____ Phone _____

Email 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: _____

