

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Date of Birth (Must be 18)	

Emergency Contact

Name	
Relationship	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Employment

<input type="checkbox"/> Employed	Current employer:	Position title:
<input type="checkbox"/> Unemployed		
<input type="checkbox"/> Retired		
<input type="checkbox"/> Student		

Availability

During which hours are you available for volunteer assignment?

Day	Shift times
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	

(A total minimum commitment of 75 hours is required per year, 4 hour shifts preferred.)

Experience/ Skills/ Strengths

Please check all that apply

<input type="checkbox"/> Accounting	<input type="checkbox"/> Foreign Languages	<input type="checkbox"/> Office Work
<input type="checkbox"/> Administration	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Project Management
<input type="checkbox"/> Art	<input type="checkbox"/> Leadership	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Computer Work	<input type="checkbox"/> Marketing	<input type="checkbox"/> Research
<input type="checkbox"/> Counseling	<input type="checkbox"/> Meeting new people	<input type="checkbox"/> Training
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Music	<input type="checkbox"/> Translating
<input type="checkbox"/> Education	<input type="checkbox"/> Newsletter Production	<input type="checkbox"/> Volunteer Coordination
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Nursing	<input type="checkbox"/> Writing

Other Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Volunteer Interests

Please describe in detail why you are interested in volunteering at Medical City Las Colinas.

Volunteer Preferences

Which of the following do you prefer?	Do you have a specific department of interest?
<input type="checkbox"/> Working directly with patients	
<input type="checkbox"/> Volunteering with the nursing staff	
<input type="checkbox"/> Working in an office setting	

Evaluation

Please select all the options that apply to you.

- I have carefully considered my schedule and I know I can make a commitment to volunteering at MCLC
- I have some time available and wish to give back
- I know that patients I see in the hospital might be in pain and I am comfortable working around them
- I treat volunteer commitments with the same respect that I do work obligations
- I hope my volunteer work with MCLC will lead to a job with the hospital
- I am in between jobs and am hoping to use my free time to be of service
- I hope to meet other people and expand my social network
- I want to use volunteering to improve my English speaking skills
- I am seeking an opportunity to gain experience in a hospital to add to my resume

Personal References

Please list two names and phone numbers for each of your personal references. The reference may not be a relative.

Name:	Phone:
Name:	Phone:

Medical Information

Do you have any medical condition or are you in any course of treatment that could limit your duties? Yes No

If yes, please describe:

Background Check

In consideration of volunteer service a background investigation may be conducted. Please sign below to give consent to a background check.

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged from a 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
Do you consent to a background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name (printed)	
Signature	
Date	

Agreement and Signature

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 MCLC volunteer, I agree that:

- I am at least 18 years of age.
- I shall hold **absolutely confidential all** information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
- My services are donated to the hospital without contemplation of compensation or future employment.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- I shall make my best effort to fulfill my commitment to MCLC by adhering to assignments and minimum hours that I have agreed to with the Volunteer Services Department. **A total minimum commitment of 75 hours is required within 12 months of starting.**
- I understand I cannot claim credit for volunteering or receive a letter from MCLC volunteer department for academic purposes until I have fulfilled my 75 hour commitment.**
- I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital 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 services as a volunteer contrary to the best interests of the hospital.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please note: Completing this form does not guarantee placement as a volunteer with Medical City Las Colinas.

Please return application to:

Amanda Ene, R.T.(R)(CT)
Manager of Imaging Services
Volunteer Coordinator
972-969-2295 (phone)
Amanda.ene@medicalcityhealth.com