

The Villages[®] HEALTH SYSTEM AUXILIARY

1451 El Camino Real, The Villages, FL 32159 - Phone 352-751-8622

Please return completed application to the Hospital front desk or fax to 352-751-8652.

VOLUNTEER SERVICES APPLICATION

PLEASE PRINT CLEARLY

Date: _____

Last Name: _____ First Name: _____ Mid. Initial: _____

Preferred First Name on Badge: _____ Birth date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Previous address (if less than six years at current address): _____

Permanent resident Seasonal resident

Gender: Male Female

(Seasonal residents) Other address: _____

SSN: _____ Driver's License #: _____

E-mail address: _____

Phone: Home: _____ Cell: _____ Work: _____

Current Employer: _____

Address: _____

Phone: _____ Supervisor's name: _____

Job duties and responsibilities: _____

Spouse/partner name: _____ Phone if different: _____

How did you hear about The Villages Health System volunteer program? _____

Emergency Contact: (Other than spouse) Name: _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

References (Local preferred, no relatives):

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Education

School/College Name	Location	Graduated?	Diploma/ Degree	Major/Minor Course work
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other schools/special training:				

Languages spoken (other than English): _____

Occupation/Former Occupation: _____

Work Experience/Professional Skills: _____

Are you currently seeking employment at The Villages Health System or any other company? Yes No
If yes, where? _____

What is your expected time commitment to the Auxiliary? 3-6 months One year or more

Recreation/Hobbies: _____

Volunteer Experience/Community Affiliations: _____

Why do you want to volunteer with the The Villages Health System? _____

Service Preferences *Please check your preferences:* **Time:** Morning Afternoon Evening
Day(s): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Assignment: *Please note: areas marked with * (asterisk) require primarily walking and/or standing*

- * Café (prepare food/beverage items, assist customers, operate cash register)
- * Cardiac Rehab (clean equipment, file, run errands)
- Cath Lab (assist patients, visitors & staff with information, prepare charts)
- East Campus (reception function to assist patients, visitors & staff with information)
- * Emergency Department (stock supplies, replace linens, serve as patient liaison)
- ED Admit (assist with patient arrivals, prepare charts, liaison for visitors)
- * Express Admit (greet and escort patients)
- Front Desk (give directions, answer questions, deliver flowers, discharge patients)
- * Gift Shop (operate cash register, assist customers)
- * ICU (inventory/stock/order supplies & nourishments)
- * Infusion (greet/escort patients, stock rooms, clean equipment)
- * Inside Transport (pick up/return patients in wheelchairs for testing or discharges)
- * Joint Center (help escort patients to therapy or discharge, prepare educational materials))
- * Materials Management/Infection Control (unpack deliveries, assist with distribution)
- Outpatient Surgery (assist admitting staff, escort patients to services)
- Outside Transport (drive hospital golf carts to pick up/drop off visitors, patients, and staff to parking lots)
- * PACU (discharge patients, stock supplies, sanitize equipment)
- * Patient Care (deliver ice/water, run errands, visit patients, prepare charts)
- Pharmacy (check stock, deliver orders, restock bins)
- Surgical/Intensive Care Unit Waiting Room (reception/information/liaison with families)
- * Ye Olde Thrift Shoppe (retail operation of resale merchandise)

Have you previously been an employee/volunteer for either The Villages Health System or Leesburg

Regional Medical Center? Yes No

If yes, please provide dates of employment or volunteer service, location and name of supervisor:

Any relatives employed or serving as volunteers at either hospital? Yes No

If yes, please list name(s) and department(s): _____

Have you been convicted of a felony or misdemeanor offense, including offenses where adjudication of guilt was withheld? (Not including minor traffic violations) _____ Yes _____ No

If yes, please explain: _____

Are there any charges currently pending against you other than traffic violations? ____ Yes ____ No

If yes, please explain:

I certify that all of the information provided by me on this application is true, correct and complete. I grant The Villages Health System Auxiliary permission to verify this information in arriving at a volunteer decision. I understand that false or misleading statements or the omission of any information necessary to make this application complete will result in rejection of my application or dismissal from volunteer service.

Signature: _____ Date: _____

PLEASE READ AND SIGN.

If accepted as a Villages Health System volunteer, I agree to:

- Hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, staff and other volunteers.
- Donate my services without contemplation of compensation or future employment.
- Honor my commitment to a specific job assignment.
- Conduct myself with dignity, courtesy and consideration of others.
- Maintain a well-groomed appearance.
- Attend orientation and training as scheduled.
- Consent to annual performance evaluation.
- Carry out assignments in a professional manner and seek assistance when necessary.
- Discuss any problems, criticism or suggestions with my service area supervisor.
- Work a specified number of hours as assigned.
- Maintain a sign-in time sheet to record my volunteer hours.
- Be punctual and notify my supervisor if unable to work as scheduled.
- Observe all present and subsequently issued hospital and Auxiliary policies and procedures. I understand that The Villages Health System and/or the Auxiliary may revise policies and procedures at any time.
- I understand that all facilities of The Villages Health System are tobacco/smoke free.
- I understand that a separate application is necessary if I wish to volunteer my time with the Auxiliary organization of Leesburg Regional Medical Center.

I understand that the Volunteer Services Department of the Villages Health System reserves the right to terminate my volunteer status as a result of 1) failure to comply with The Villages Health System policies and procedures; 2) absences without prior notification; 3) unsatisfactory attitude, work or appearance; or 4) any other circumstances which, in the judgment of the Volunteer Services Coordinator, would make my continued service as a volunteer contrary to the best interests of the hospital and its patients.

I consent to 1) any pre-volunteer testing/screening required by The Villages Health System Auxiliary; and 2) annual health testing and training required by The Villages Health System Auxiliary. I further give permission to The Villages Health System to investigate any and all information concerning my application in order to determine my qualifications. This includes but is not limited to: medical clearance, criminal background checks, employment and personal reference checks and educational verification.

I hereby certify that there are no misrepresentations concerning my personal and professional history. I am aware that misstatements of material facts may cause me to be disqualified from holding a volunteer position with The Villages Health System. I have read each of the above conditions and agree to honor all of them.

In the event of resignation or termination, I agree to return The Villages Health System identification badge issued to me.

Signature of applicant: _____ Date: _____

FOR OFFICE USE ONLY

Application received: _____ Interview Date: _____

Interviewed by: _____ Scheduled Orientation date: _____

Assignment: _____ Start date: _____

Comments: _____