

VOLUNTEER SERVICE APPLICATION

DATE: _____

Shannon Medical Center Volunteers
120 E. Harris
San Angelo, Texas 76903
Phone (325) 657-5004

Name _____
Last First Mr. / Mrs. / Ms. / Miss.

Address _____
Number Street City Zip

Home Phone: _____ E-mail address: _____ Birthday: _____
Month / Day

How did you learn about volunteering at the Shannon Medical Center? _____

Who, if anyone, recommended you to become a volunteer? _____

Are you related to an employee of the Hospital? _____ If yes, give name (s) and position (s)

Are you currently employed? _____ If yes, where? _____

Employer Phone Number: _____
Area Code Number

Are you retired? _____ If yes, from what position / profession? _____

Have you had any previous volunteer experience? _____ If yes, where did you volunteer?

What were your duties as a volunteer? _____

How long have you lived in San Angelo? _____

Why do you wish to become a volunteer? _____

What do you feel you can offer as a volunteer? (example: any special training, education, or talents you have which would be beneficial in your position as a volunteer) _____

Which of the skills listed below are applicable to you? (Please circle the skills that apply to you):

Bilingual Office/Clerical Computer Piano Artistic Accounting Bookkeeping Merchandising

Do you require any accommodations to perform your volunteer duties? _____ If yes, please explain: _____

Who should we contact in case of emergency: _____

Nearest Relative / Friend: _____ Phone: _____

(PLEASE TURN OVER AND COMPLETE ON BACK)

References: Please list references of persons other than relatives who have know you at least 1 year:

Name Complete Address Phone Occupation

When would you be available for volunteering (circle all that apply)

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

I UNDERSTAND AND AGREE THAT BY SIGNING THIS APPLICATION,

That I am applying for a VOLUNTEER position,

That the information given above is complete and correct to the best of my knowledge.

That my references and my present or previous employers may be contacted.

That placement in volunteer service will be based on the review and approval of my application.

That the first two months of volunteering are considered as “training period” and my continued volunteer service will depend on the successful completion of my training within the time required.

That as an ACTIVE status volunteer, I will be required to work a minimum of 2 four hour shifts per month and pay annual dues of \$5.00.

That I agree to abide by the Rules, Policies and Procedures of the Shannon Hospital and the Shannon Medical Center Volunteers.

That I agree to a criminal background and criminal history check.

It is the volunteer policy of Shannon Medical Center and Shannon Clinic to prohibit the use of tobacco and tobacco products in all company buildings, in order to maintain a safe and healthy environment for all employees, volunteers, visitors and patients. Effective January 1, 2012, Shannon has adopted a tobacco/nicotine-free hiring policy in order to promote a healthier workplace. Tobacco/nicotine users will be unable to volunteer on or after January 1, 2012.

As of January 1, 2012 all new volunteers will be tested for nicotine use as part of their screening process. Those who test positive for nicotine use will not be considered for volunteer positions.

Signature of Applicant

Date