



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Seton Angel Auxiliary.



“Love All – Serve All”	
Name:	Today’s Date:
Mailing Address:	
City/State/Zip:	Date of Birth:
E-mail Address:	
Cell Phone:	Home Phone:
Group/Business you represent – if any:	
How did you hear about our volunteer program?	

Requirements & Requests

(Please circle your answer)

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are you over the age of 18? (you must be over the age of 18 to volunteer) | Yes | No |
| 2. Are you seeking employment with Seton Medical Center Harker Heights? | Yes | No |
| 3. Can you commit to a minimum of <u>6 months</u> of service and a minimum of <u>4 hours per week</u> ? | Yes | No |
| 4. Will you commit to abiding by the policies, procedures, ethics, dress code, and code of conduct upheld by Seton Medical Center Hospital Angel Auxiliary? | Yes | No |
| 5. Do you have any restrictions that would prevent you from completing your volunteer duties?
If yes please explain:- | Yes | No |

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 6. Are you willing to participate in orientation/training classes
should they be held during regular working hours (8 am and 5 pm) | Yes | No |
| 7. Do you object to a time of prayer prior to the start of meetings and gatherings? | Yes | No |
| 8. What is your main reason for considering a volunteer position? | | |

9. Do you have any special talents/skills? (Please list)

- | | | | |
|------------------------|-----------------------|-----|----|
| 10. Are you Bilingual? | Which language: _____ | Yes | No |
|------------------------|-----------------------|-----|----|

Questions:

Seton Medical Center Harker Heights

850 W. Central Texas Expressway

254-680-6345

Have you volunteered for other groups/organizations? If so Please List:

Organization: _____

Organization: _____

Position: _____

Position: _____

What did you like most about your work/volunteer experience?

What did you like least about your work/volunteer experience?

Number of years in the workforce _____

If retired, who was your last employer? _____

Emergency Contact:

Name: _____

Phone Number: _____

Please List 3 references other than relatives:

Name: _____

Phone: _____

E-Mail Address: _____

Name: _____

Phone: _____

E-Mail Address: _____

Name: _____

Phone: _____

E-Mail Address: _____

Where do you wish to help and what time slots are you available?

(Circle the days you are available then circle time – the time is for the shift in that department)

Front Desk:

Monday	Tuesday	Wednesday	Thursday	Friday
6 AM to 10 AM		10 AM to 2 PM	2 PM to 6 PM	

Angel's Cottage Gift Shop:

Monday	Tuesday	Wednesday	Thursday	Friday
7 AM to 11 AM		11 AM to 3 PM	3 PM to 7 PM	

ICU:

Monday	Tuesday	Wednesday	Thursday	Friday
7 AM to 11 AM		11 AM to 3 PM	3PM to 7 PM	

Day Surgery:

Monday	Tuesday	Wednesday	Thursday	Friday
8 AM to 12 PM		10 am to 2 PM		

Pastoral Care: On Call

Weekly Visits

Times will be set with our chaplain

By submitting this application, I affirm that the facts that I set forth 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.

I agree to conform to the Seton Medical Center Harker Heights rules and regulations. I also agree to respect the confidential nature of Hospital information, as well as any information obtained as a result of personal contact with patients and volunteer donors.

I understand that criminal history and registry checks will be conducted before my volunteer service begins.

I further agree to inform the department if I am named in complaints, indictments, arrests, or am convicted of offenses.

I hereby affirm that my volunteer position with the department is one of a strict confidential nature.

I agree that any knowledge gained as a result of my position or my presence at events hosted by this organization IS and WILL REMAIN confidential.

I understand that I will begin service on a reciprocal trial basis and agree to participate in orientation and training.

I also understand that volunteering provides no promise of further employment.

I have read and fully understand the above statement.

Applicant's Signature: _____ Date: _____

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, or other person or involves overall agency business. Failure to maintain confidentiality may result in termination of the volunteer's relationship with the agency or other corrective action.

Initial _____ Date _____



APPLICATION DISCLOSURE/RELEASE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a **consumer report+** may be made in connection with your volunteer application. If you are a volunteer at Seton Medical Center Harker Heights, you are also granting permission for us to periodically obtain other consumer report as may be needed for purposes of your volunteer service.

If you are denied participation, either wholly or partly, because of information contained in a **consumer report+** a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and statement of your consumer rights.

An answer of "YES" to the following questions will not necessarily disqualify you from employment; however, we would appreciate an explanation of any incident prior to your background check.

- Have you ever been convicted of or pleaded guilty to or no contest to committing **ANY CRIME?**
- Do you have any unresolved arrests, warrants or pending criminal charges against you?
- Regarding civil lawsuits or administrative complaints alleging abuse, spouse abuse, elder abuse, patient abuse, harassment and/or dishonest, violent, or discriminating conduct (such as fraud, embezzlement, theft, assault, battery, etc), have you ever been found liable (i.e., judgment was rendered against you) in any such matter, or is any such matter currently pending against you?
- Have you ever been the subject of any exclusion, suspension or debarment action by the General Services Administration (GSA), Office of Inspector General (OIG) or any other federal health care program, including but not limited to Medicare, Medicaid, or Tricare?

Explanation: _____

List all of the counties (including city & state) you've lived in for the last SEVEN YEARS. (Please print)

City	State	County

(+)= A consumer report may consist of employment records, educational verifications, licensure verifications, driving history, previous addresses, and other public records relative to criminal charges.

A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.

By signing below you consent to the procurement of a **consumer report +** in connection with your application for employment and /or continued employment.

Applicant's Signature: _____ **Date:** _____ **Gender: M F**

Print Full Name (including middle name): _____

Other Last Names (Former, etc.): _____

Social Security Number: _____ - _____ - _____

***Date of Birth:** ____/____/____

***for consumer report purposes only.**