



Leesburg Regional Medical Center, 600 East Dixie Avenue, Leesburg, FL 34748 (Phone: 352.323.5060)

Please return completed application to the hospital or email to: jwoods@centflhealth.org.

VOLUNTEER SERVICES APPLICATION FORM

This application is for volunteer service purposes only and is not valid until received and reviewed by the Auxiliary Committee and Volunteer Coordinator. Central Florida Health is committed to providing a safe and healthy environment for everyone on campus. Prior to new volunteer orientation and assignment, applicants must pass all applicable background screenings.

Application Date:		Birth Date: <i>(Month/Day)</i>	
Last Name:		First	Middle
Present Address: Street	City	State	Zip
Previous Address: Street <i>(if less than 10 years)</i>	City	State	Zip
Home Telephone:	Business:	Cell:	
Email Address:			
<i>All questions referring to Central Florida Health include Leesburg Regional Medical Center, The Villages® Regional Hospital and all affiliates</i>			
How did you hear about the Volunteer Services program with Central Florida Health?			
Are you a current or past employee of Central Florida Health? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Depart: _____ From: _____ To: _____			
Reason for leaving: _____			
Have you filed an application with Central Florida Health within the past 12 months?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
VOLUNTEER EXPERIENCE/COMMUNITY AFFILIATIONS			
Do you have previous volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Community Affiliations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain: _____			

SPECIAL SKILLS, WORK EXPERIENCE, PROFESSIONAL SKILLS, RECREATION/HOBBIES

What special knowledge, skills and abilities you wish to be considered. Include work experience, equipment or machines you operate, computer/technology skills, languages (*other than English*), recreational activities and/or hobbies.

RESIDENT STATUS

Permanent Seasonal

ASSIGNMENT OPPORTUNITIES

*Please check your preference(s) below. Areas marked with an * require primarily walking/standing, lifting, pushing, pulling*

- *Ambassador (greet and escort patients)
- *ADU: Ambulatory Diagnostic Unit (patient customer service, clerical work, transport, discharge)
- *ASU: Ambulatory Surgery Unit (clerical work, run errands, transport discharge patients)
- Cardiovascular Intensive Care (liaison for visitors, maintain waiting room)
- Clergy Office (assist visiting clergy at Lobby Desk)
- *Emergency Department (patient liaison with staff, replace linens, stock supplies)
- *Gift Shop (retail operation: operate cash register, assist customers)
- Greeter (greet visitors entering hospital lobby, give directions)
- Health Information Services (sort and distribute reports)
- ICU Waiting Room (liaison for visitors, maintain waiting room)
- Joint Center (assist orthopedic surgical patients and staff)
- *Lobby Desk (discharge patients, greet patients/visitors, directions/information, deliver flowers)
- *Patient Floors (clerical work, run errands, provide information for visitors, patient discharge)
- Surgical Waiting Room (reception/information for visitors)
- *Thrift Shop (retail operation: stock merchandise, assist customers)
- Transport (drive hospital golf carts to pick up/drop off visitors, patients and staff to parking lots)

Assignment Desired:

Date Available to Start:

Availability: (Must commit to a minimum number of hours per week)

Time: Morning Afternoon Evening Any

Day(s): Mon Tue Wed Thurs Fri Sat Sun Any

EMERGENCY CONTACT

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

CRIMINAL HISTORY

Have you ever been convicted of a crime, had adjudication withheld, plead no contest (nolo contendere)? (Anything other than minor traffic offenses) **Yes** **No**

If YES, Date: _____ **State:** _____ **Charge:** _____

Disposition: _____

Arrest(s) and/or Conviction(s) will not necessarily or automatically disqualify an applicant from service but will be considered as part of the overall evaluation of your qualifications and suitability for the assignment sought. The Company will evaluate the nature and gravity of the offense or offenses, the timing of the conviction or completion of the sentence, the nature of the assignment in question and any applicable individualized considerations.

AGREEMENT

Please initial and sign

_____ I certify that the answers given by me for the foregoing questions and statements are true and correct without omissions of any kind whatsoever and hereby grant the hospital permission to verify such answers. I understand that any false or misleading information furnished by me relative to this application shall be considered rejection of my application for further consideration of volunteer services.

_____ If accepted for volunteer services, I agree to comply with the rules and policies of this hospital and those of the Auxiliary.

Signature: _____

Date: _____

CODE OF ETHICS FOR LEESBURG REGIONAL MEDICAL CENTER VOLUNTEERS

If accepted as an LRMC 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 service 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.
- Carryout assignments in a professional manner and seek assistance when necessary.
- Discuss any problems, criticism or suggestions with my service area supervisor.
- Work a specific number of hours as assigned and honor a minimum commitment of six months of service.
- Maintain a sign-in time sheet to be submitted to the Volunteer Services Coordinator monthly.
- Be punctual and notify my supervisor in unable to work as scheduled.
- Observe all present and subsequently issued Volunteer Services policies and procedures. I understand that LRMC may revise its policies and procedures at any time.
- I understand that all LRMC & TVRH are tobacco/smoke free.
- I understand that a separate application is necessary if I wish to volunteer my time with the Auxiliary organization of either hospital.

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of 1) failure to comply with policies and procedures; 2) absences without prior notification; 3) unsatisfactory attitude, work 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 LRMC and its patients.

I consent to 1) any pre-volunteer testing/screening required by LRMC; and 2) annual health testing and training required by LRMC. I further give permission to LRMC 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.

In the event of my resignation or termination, I agree to return the LRMC identification badge issued to me.

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY

Application Received: _____	Interview Date: _____	Interviewed by: _____
Completed Background Check Signature and Authorization Form _____	Copy of Driver's License: _____ <i>(applicable if driving assigned)</i>	
Scheduled Orientation Date: _____	Start Date: _____	Assignment: _____
Comments: _____		