

# West Chester Medical Center

## Volunteer Application

*We Welcome Applicants of Any Race, Color, Sex, Age, Religion, Creed, Disability, Ancestry, or National Origin*

Name (last, first, middle) \_\_\_\_\_ Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Date \_\_\_\_\_

Other name under which you previously volunteered/worked \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_ Social Security Number \_\_\_\_\_

### Personal Information

Education (circle last year completed)

Grade – 6 7 8 High – 1 2 3 4 College – 1 2 3 4 College Attending \_\_\_\_\_

Degree \_\_\_\_\_ Other (vocational, technical, etc.) \_\_\_\_\_

Employment (list last or present place of employment)

Employer (firm) \_\_\_\_\_ Department \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employer Address \_\_\_\_\_

Occupation/Responsibilities \_\_\_\_\_

Previous and Present Volunteer Experience

Personal References (not relatives)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Miscellaneous Information

How were you referred to West Chester Medical Center?  Friend  Relative  Other

Interests, hobbies, skills or special training \_\_\_\_\_

Is there a specific area in which you would like to volunteer? \_\_\_\_\_

What day(s) are best for you? \_\_\_\_\_ What time(s)? \_\_\_\_\_

Previously volunteered/employed by Any hospital <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when	Last position held Location
Relatives volunteered/employed by West Chester Medical Center	Relationship	Location and Position

### Health Information

Date of birth \_\_\_\_\_ Health limitations \_\_\_\_\_

Are you under a physician's care  Yes  No Name of physician \_\_\_\_\_

## Security Check

Other than minor traffic violations, have you ever been convicted of any crime, including misdemeanors for which you received a ticket?  Yes  No If the answer is yes, furnish the details of the conviction, the offense, location, date and sentence. A conviction record will be conducted. A record will not necessarily be a bar of service.

Date of conviction				
Month	Year	City and State	Charge	Disposition
1				
2				

## Non-Smoking

West Chester Medical Center is committed to providing a safe and healthy workplace and to promoting the health and well-being of its employees. Consistent with this commitment, the hospital prohibits smoking on its hospital grounds.

## Signature

I certify that all of my answers and statements are complete and true. I hereby authorize my references to furnish complete and honest information to the hospital. I realize that falsification or omission of any information, receipt of a poor reference, or a conviction record may be cause for withdrawal of any volunteer offer. I understand that this application is not a contract for service. I also understand and agree that, if accepted, my service would be for a mutually agreed period of time.

I have read and understand the above information. \_\_\_\_\_ (signature of applicant)

As a volunteer at West Chester Medical Center:

1. I will be punctual and conscientious in the fulfillment of my duties, and if for any reason I cannot serve at the assigned time, I will notify the volunteer services department.
2. I will conduct myself with dignity, courtesy and consideration.
3. I will consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor or any member of the staff and will not seek information in regard to a patient.
4. I will take any problems, criticism or suggestions to the volunteer services department.
5. I will endeavor to make my work of the highest quality.
6. I will uphold the standards and policies of the hospital.
7. I will attend any hospital/volunteer department continuing education programs which will help me improve my service to the hospital, and which are required.
8. I understand that failure to comply with the above could result in termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature for volunteer under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

*To be completed by Volunteer Services*

Interviewed by \_\_\_\_\_ Starting Date \_\_\_\_\_

Reference Check \_\_\_\_\_

Police Check \_\_\_\_\_

Comments and evaluations \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Volunteer assignment(s) \_\_\_\_\_

Day(s) scheduled \_\_\_\_\_ Time scheduled \_\_\_\_\_

Trainer \_\_\_\_\_ Orientation \_\_\_\_\_

I.D. \_\_\_\_\_ Other \_\_\_\_\_