

Volunteer Application



Doctors Memorial Hospital

Contact Information

Name	
Mailing Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

Which days are you available for volunteer assignments?

- Mondays Thursdays
 Tuesdays Fridays
 Wednesdays Weekends

Interests

Tell us in which areas you are interested in volunteering

- Information Desk
 Gift Shop
 Nursing Floor
 Medical Records
 Events
 Fundraising
 Phone/Receptionist
 Wherever needed

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

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

Name (printed)	
Signature	
Date	

Confidentiality Statement

I understand and acknowledge that, in the performance of my duties at Doctors Memorial Hospital, I will be afforded access to patient and hospital information which is designated by Florida Law and/or hospital policy as privileged and confidential. I agree to strictly maintain such privilege and confidentiality. In this respect, by signing below, I understand and agree to the hospital's confidentiality statement. Any liability arising as result of any breach of the confidentiality will be born by me personally.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.