

Volunteer Application

(Please Print—Complete Both Sides)

Last Name _____ First Name: _____

Birthdate _____ **Must be at least 18** Social Security Number _____

Home Address: _____

City _____ State _____ Zip _____ Phone _____

Emergency contact name and phone number _____

Have you ever committed, been convicted of, pled guilty to, or pled nolo contendere to, a felony or misdemeanor? No Yes, Please explain _____

Areas in which you would like to work:

- Gift Shop
- Information Desk
- Other _____
- _____
- _____

Day	Morning	Afternoon
Monday		
Wednesday		
Thursday		
Friday		

List two character references (not relatives):

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

AGREEMENT AND AUTHORIZATION/RELEASE FOR BACKGROUND VERIFICATION

I agree to represent St. James Healthcare in a professional manner and adhere to confidentiality requirements and all other hospital policies at all times. I will attend required orientation and training sessions.

I also authorize St. James Healthcare to obtain, through an outside agency, a report on my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from court record repositories, department of motor vehicles, past or present employees and educational institutions, governmental occupational licensing or registration entities, business or personal references, and another source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Signature: _____ Date: _____

