

BAYLOR SCOTT & WHITE HEALTHCARE - COLLEGE STATION REGION - BRENHAM

ADULT VOLUNTEER APPLICATION

PERSONAL DATA

NAME _____ HOME PHONE _____

CELL PHONE _____ EMAIL _____

ADDRESS _____ CITY _____

TEXAS RESIDENCE SINCE _____ BIRTHDATE: MO _____ DAY _____ YR _____

SPOUSE'S NAME _____ PHONE _____ EMAIL _____

PERSON TO NOTIFY IN CASE OF EMERGENCY _____

ADDRESS _____ EMAIL _____

RELATIONSHIP _____ PHONE _____

ANY INFORMATION YOU WISH TO SHARE SHOULD A MEDICAL EMERGENCY ARISE (ALLERGIES, MEDICATIONS, ETC.) _____

PERSONAL PHYSICIAN _____ PHONE _____

EXPERIENCE

EMPLOYER _____ PHONE _____

PREVIOUS WORK EXPERIENCE _____

EDUCATION/ SKILLS _____ FOREIGN LANGUAGES SPOKEN _____

COMMUNITY AFFILIATIONS _____

FRIENDS/ RELATIVES EMPLOYED BY S&W _____

PLACEMENT PREFERENCE

AREAS OF INTEREST TO VOLUNTEER _____

PREFERRED TIME (Times Available -5A-9P M-F; 8A-9P Sat/Sun) _____ DAYS OF WEEK _____

HAVE YOU BEEN INVOLVED IN HEALTHCARE LEGAL ACTION IN THE PAST FOUR YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF, BEEN GIVEN PROBATION OR DEFERRED ADJUDICATION IN LIEU OF SENTENCING, OR PLED NO CONTEST FOR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, PLEASE EXPLAIN: _____

ARE YOU CHARGED WITH ANY UNRESOLVED OR PENDING CRIMINAL CHARGE? (ARE YOU CHARGED WITH A CRIME THAT HAS NOT YET RESULTED IN A PLEA OF GUILTY, COURT TRIAL, DEFERRED ADJUDICATION OR DROPPING OF THE CHARGE)?

YES NO

IF YES, PLEASE EXPLAIN: _____

In compliance with the Volunteer policy, a background check, health screening and drug screening will be performed. A volunteer in patient-care areas must provide written, dated medical records as evidence of vaccination and/or immunity before volunteering. A Volunteer Release Form is also required. All volunteers must complete an in-service covering clinic policies and procedures, ethics and protocol.

The designated volunteer uniform is a teal vest/smock with white or khaki pants or skirt (no denim is allowed). Volunteers are required to wear a name badge while on duty at all times. The vest/smock and badge are \$30. If you should lose your badge, promptly contact the Department of Volunteer Services to have it replaced at a cost of \$10.00.

Personal contact is made after application is received and reviewed.

ALL INFORMATION PROVIDED IS COMPLETE AND CURRENT. I UNDERSTAND AND ACCEPT THE POLICIES AS STIPULATED ABOVE.

SIGNED _____ DATE _____

Please return application to: Volunteer Services, 700 Medical Parkway, Brenham, TX 77833; phone 979-337-5007

FOR OFFICE USE ONLY DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____ EXT _____