

**BAYLOR SCOTT & WHITE HEALTHCARE - COLLEGE STATION REGION
COLLEGE/JUNIOR 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 _____
RELATIONSHIP _____ PHONE _____ EMAIL _____
ANY INFORMATION YOU WISH TO SHARE SHOULD A MEDICAL EMERGENCY ARISE (ALLERGIES, MEDICATIONS, ETC.)

PERSONAL PHYSICIAN _____ PHONE _____

EXPERIENCE

DO YOU HAVE ANY PREVIOUS VOLUNTEER EXPERIENCE? _____
EDUCATION/SKILLS _____
WHAT COLLEGE OR HIGH SCHOOL ARE YOU CURRENTLY ATTENDING? _____
FOREIGN LANGUAGES SPOKEN _____ COMMUNITY AFFILIATIONS _____
FRIENDS/ RELATIVES EMPLOYED BY S&W _____

PLACEMENT PREFERENCE

AREAS OF INTEREST TO VOLUNTEER _____
INTERESTS: _____ PRE-MED _____ NURSING _____ OTHER MEDICAL INTERESTS: _____
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 TRAFFICE 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 khaki pants or skirt (no denim is allowed) and a Scott & White button down shirt which may be purchased for \$20. Volunteers are required to wear a name badge while on duty at all times. If you should lose your badge, promptly contact the Department of Volunteer Services to have it replaced at a cost of \$10.00.

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

SIGNED _____ DATE _____

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

Return to Scott & White Healthcare, Volunteer Services, 700 S&W Dr., College Station, TX 77845