



VOLUNTEER APPLICATION

Please *fully* complete this application, sign and return to LCMC, Attn: Owen DeWitt, Director of Business Development at, 6800 N. MacArthur Blvd. Irving, TX 75039, or fax to: 469-484-1412.

**Please note incomplete applications will cause a delay in processing.*

(PLEASE PRINT CLEARLY)

NAME: _____ HOME PHONE: () _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE OR WORK NUMBER (WITH AREA CODE): () _____

EMAIL ADDRESS(S): _____

SS# _____ / _____ / _____ DATE OF BIRTH: _____ / _____ / _____

IN CASE OF EMERGENCY CONTACT: NAME: _____

RELATIONSHIP: _____ TELEPHONE NUMBER: () _____

FAMILY PHYSICIAN: _____ TELEPHONE NUMBER: () _____

PREVIOUS VOLUNTEER OR WORK EXPERIENCE: _____

HOBBIES / SKILLS / SPECIAL INTERESTS: _____

OTHER LANGUAGES SPOKEN: _____

PERSONAL REFERENCES:

NAME	TELEPHONE NUMBER (WITH AREA CODE)
1. _____	() _____
2. _____	() _____



There are 2 Types of Volunteer Programs at LCMC. Please circle below the program you wish to participate in and the days and times that you are available to volunteer. LCMC Volunteers are trained and able to volunteer in every department of the hospital.

JUNIOR VOLUNTEER PROGRAM

This program is for ages 16 – 18 (High School age) or College Students. Only 25 volunteers are allowed in this program at a time. If the program is full, you will be placed on a waiting list and contacted when an opening occurs. Volunteers in this program can only work 2 or 3 three hour shifts per week for a maximum total of 6 to 9 hours per week.

Shifts are:

Monday – Friday 9 a.m. – 12 noon
 12 noon – 3 p.m.
 3 p.m. – 6 p.m.
 6 p.m. – 9 p.m.

Saturday & Sunday 9 a.m. – 12 noon
 12 noon – 3 p.m.
 3 p.m. – 6 p.m.

ADULT VOLUNTEER PROGRAM

This program is for working adults, non-working adults, and senior citizens. Shifts are 3-4 hours in length with a request that you work at least 4 shifts per month.

Shifts are:

Monday – Friday: 9 a.m. – 12 noon
 11 a.m. – 2 p.m.
 1 p.m. – 4 p.m.
 3 p.m. – 6 p.m.
 5 p.m. – 8 p.m.
 6 p.m. – 9 p.m.

Saturday & Sunday: 9 a.m. – 12 noon
 12 noon – 3 p.m.
 1 p.m. – 4 p.m.

**Due to the amount of time it takes to train our volunteers, you will only receive a letter showing your volunteer hours once you have completed 50 hours or more.*



RELEASE OF LIABILITY, TB TEST & DRUG SCREEN CONSENT FORM

I, _____, in consideration of being permitted to work as a volunteer at Las Colinas Medical Center hereby release and forever discharge, from responsibility and liability, the hospital, all employees, and physicians, from any communicable disease(s), personal injury, or property loss incurred as a result of, or during, volunteer activities.

I, _____, understand that an annual TB Test and Drug Screening is required of all volunteers at Las Colinas Medical Center. I also understand that if the TB test comes back positive, I will be required to have a chest X-ray performed at LCMC at no cost to me. I also understand that if the Drug Screening comes back positive, I will be released immediately from volunteering at Las Colinas Medical Center. I also give permission for Las Colinas Medical Center to perform random drug screens for cause if it is deemed necessary.

Volunteer Signature

Date

For Parents of Volunteers under 18 years of age:

This will verify that my child, _____ has my permission to receive annual TB testing, drug screening and random drug screens for cause which will be administered by Las Colinas Medical Center, at no cost to my child or me. I understand that it is a requirement for all volunteers at Las Colinas Medical Center. I understand that if the TB test comes back positive, I give permission for a chest x-ray to be performed at LCMC at no cost to my child or me. I also understand that if any drug screen comes back positive, my child will be released immediately from volunteer work at Las Colinas Medical Center.

Parent or Legal Guardian Signature

Date



VOLUNTEER APPLICATION DISCLOSURE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application for employment.

If you are denied volunteer placement, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

A consumer report may consist of employment records, educational verification, licensure verification, driving record, previous addresses and public reports relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying. An additional release (specifically for credit) will be obtained from the applicant prior to request.

APPLICANT FULL NAME: _____

DATE OF BIRTH: _____ / _____ / _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____

COUNTIES & STATES OF RESIDENCE (FOR THE PAST FIVE YEARS)

COUNTY

STATE

I have read the above notice and understand what it means:

Volunteer Signature

Date

For Parents of Volunteers under 18 years of age:

I, _____, parent or legal guardian of _____, gives my permission for a consumer report to be conducted on my child. I understand that this report will not be shared with any other entity.

Parent or Legal Guardian Signature

Date



BACKGROUND CHECK NOTICE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that an investigative consumer report may be made in connection with your application for employment. In the event an investigative report is requested, you are entitled to know and are hereby advised that the nature and scope of the investigation will be to obtain applicable information from personal interviews with previous employers concerning your work habits, actions and performance. If you are denied employment, either wholly or partly, because of the information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer-reporting agency making such a request. You will also receive a copy of the report and a statement of your consumer rights. To verify an applicant work/criminal history, the consumer-reporting agency requires your birth date in addition to your social security number. Please also list below the counties in which you have lived for the past five years and other last names you have used.

Date Completed _____

Applicant Name	Last:	First:	MI:
Date of Birth	Month:	Day:	Year:
Driver's License	State:		
Social Security Number			
Counties/States of Residence (Past 7 Years)	County:	State:	County:
	County:	State:	County:
Other Last Names Used	1.	2.	
Texas State License Number: (RN, ARRT, etc.)	1.	2.	

POSITION APPLIED FOR _____

Applicant Signature:	Date:
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Have you ever been convicted of a crime and/or released from confinement following a conviction for any criminal offense with the past seven years Yes No
 If yes, please explain _____

Are you presently charged with any violation of the law other than traffic violation? Yes
 No If yes, give date, place and nature of each such charge

Have you ever been discharged from a job or forced to resign? Yes No
 If yes, please explain _____

FOR HR PURPOSES ONLY
 ENTERED: _____