

HOUSTON HEALTHCARE VOLUNTEER APPLICATION

Date: _____

Name: _____ Spouse: _____

Street: _____ Phone: _____

City: _____ Zip: _____ Birth date: _____

Occupation: _____ Years: _____

Business/School Name: _____ Phone: _____

Education: high school () college () professional/ vocational ()

Major: _____ Foreign language skill: _____

*If so, are you willing to interpret if needed Yes/No

Do you have any volunteer experience? Yes / No describe _____

Have you ever worked in a healthcare facility before? Yes/ No If so where? _____

Community Affiliations: _____

Hobbies / Interests: _____

Skills: (clerical, sales, etc.) _____

Why would you choose to be a healthcare volunteer? _____

Are there job functions you will not be able to perform? _____

Shift availability: a.m. () p.m. () evenings () weekends ()

In emergency notify: _____ phone: _____

Relation: _____

Personal physician: _____ phone: _____

In the last five years, have you been convicted of a felony other than traffic violation? _____

If so, please explain: _____

I hereby certify that all answers given by me on this application are true to the best of my knowledge. I authorize Houston Healthcare to contact personal references and personal physician whom I have listed on this application for the purpose of acquiring information about me. I release Houston Healthcare from any liability based on such release.

If accepted as a volunteer, I pledge to hold in strict confidence all personal and official matters, which come to my attention. It is my responsibility to respect and preserve the privacy of patients as well as any details of care involved.

Signature _____ Date _____

(For office use):

Date of initial interview _____

Orientation completed: _____

By: _____

Please complete and return to:

**Houston Healthcare
Volunteer Services
1601 Watson Blvd
Warner Robins, Ga 31093**