

ADULT VOLUNTEER APPLICATION



5151 N. Ninth Ave. PO Box 2700
 Pensacola, FL 32513-2700
 Attn: Volunteer Services

Mother Seton Guild Volunteer

Friend of Hospital Volunteer

Thank You For Your Application

Sacred Heart Health System appreciates your interest in volunteering. Applications are kept in active status for a minimum of 90 days. Volunteer services are needed in many areas of the hospital. Careful consideration is given to skills and personal preferences of the volunteer as well as the needs of the hospital when placing a volunteer. We are looking for individuals who are mature, dependable, friendly, and committed to join our volunteer team.

We pledge that we will not practice or permit discrimination on the basis of race, sex, religion, national origin, citizenship, age, or disability.

Date / /

TYPE or PRINT clearly in ink

Personal Information

Last Name										First Name										Middle									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address Number and Street															Apartment #													
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City										State				Zip Code													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Telephone						Alternate Telephone (Business/Cell)																					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code						Area Code																					

Emergency Contact	Name	Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Placement Desired	First Choice	<input type="text"/>	
	Second Choice	<input type="text"/>	
Please indicate days and hours available			
<input type="checkbox"/> Weekday Mornings	<input type="checkbox"/> Weekday Afternoons	<input type="checkbox"/> Weekday Evenings	<input type="checkbox"/> Weekends

Why do you wish to become a volunteer at Sacred Heart Hospital?

Submit your application by:

Mail to Volunteer Services
 5151 N. Ninth Ave.
 Pensacola, FL 32513-2700

Fax to
 (850) 416-7514

Hand Deliver to Volunteer Services Office

Have you ever had a license or registry suspended or revoked? Yes No If yes, please explain. _____

Please list any special training or courses: _____

General Information

Are you a U.S. Citizen? Yes No

If not, specify entry document _____ Alien registration No. _____

Have you ever been employed by S.H.H.? Yes No

Date: From _____ To _____ Under what name? _____ Position _____

Have you ever applied here? Yes No

Do you have any relatives now volunteering/working at S.H.H.? Yes No

If yes, please give name(s) and relationships: _____

How did you hear about Sacred Heart Health System? _____

Were you referred by current employee or volunteer? Yes No Name: _____

STUDENTS: If you are a student, please complete the following:

Are you 18 years of age or older? Yes No

School/College _____

Grade/Level _____

Extracurricular Activities _____

Are you volunteering for credit hours? Yes No If yes, list program _____

Are you volunteering for observation hours needed to apply to a degree program? Yes No

If yes, list program _____



**Sacred Heart Hospital - Pensacola
Criminal Background History Consent & Statement**

Patient Safety is a top priority at Sacred Heart Hospital. Out of concern for the well-being and safety of our patients and families we serve, Sacred Heart Volunteer Services performs criminal background checks on all prospective volunteers.

Volunteer Statement

Full Name: _____
Last Name First Name Middle Name

Sex: (please check) Male _____ Female _____

Date of Birth: ____ / ____ / ____
Month Day Year

Have you ever been convicted of a crime and/or are there any legal charges pending against you? Yes _____ No _____

If yes, please explain: _____

Volunteer Consent

I hereby give my consent to conduct a criminal background history through the Escambia County Clerk of Circuit Court and/or Santa Rosa County Court Records. I understand that this information will be used to determine my eligibility for volunteer service at Sacred Heart Hospital. I waive and release Sacred Heart and its agents from any and all claims I may otherwise have with respect to any such criminal background check.

Applicant's Signature

Date

Signature of Parent (if applicant under 18 years of age)

Date