

VOLUNTEER APPLICATION

Note: You must be 18 years or older to apply

Date: ____/____/____ Name: _____
Print (last) (first) (m.i.)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

E-mail address: _____ Birthdate: _____

How did you hear about our program? _____

Why would you like to volunteer at Houston Methodist Willowbrook Hospital? _____

CURRENT EMPLOYER (if any): _____

Job Title: _____

HIGHEST LEVEL OF EDUCATION: High School Trade College Graduate School

School Name: _____ Major: _____

LANGUAGES SPOKEN: _____

LIST COMPUTER SKILLS: _____

SPECIAL SKILLS, TALENTS, HOBBIES OR INTERESTS: _____

Emergency Contact: _____
Print (last name) (first name)

Home Phone: _____ Cell Phone: _____

Relationship to applicant (Mother/Father/Sister/Brother/Friend, etc.): _____

AVAILABILITY

Please check the boxes that apply

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Can you commit to working a minimum of 150 hours per year? (at least 1 day per week / 4 hours per day)

Yes No

If "No" – What length of time are you able to commit to volunteering?

2 – 3 months 3 – 4 months 4 – 6 months other

Please select one volunteer program that best fits your interest and availability:

- Healthcare Experience** – You are looking for an assignment that will help you expand your education in a clinical setting. You are considering a career in healthcare and would like experience or exposure into the hospital environment from a patient's perspective. You are specifically looking for patient contact
- Long-Term** – You are looking for a way to give back and want to volunteer for the social or philanthropic reward. You are a retiree, recently moved to Houston, or looking to fill your time with a rewarding volunteer experience.
- Resume Builders** – You are currently unemployed and want to keep your resume and skills fresh. You are currently seeking employment and plan to volunteer temporarily until you find employment.

VOLUNTEER EXPERIENCE

HAVE YOU HAD PRIOR EXPERIENCE AS A VOLUNTEER? YES NO

IF "YES", WHERE? _____ HOW LONG? _____

NAME OF SUPERVISOR: _____ PHONE NUMBER: _____

IF ACCEPTED AS A HOUSTON METHODIST VOLUNTEER, I AGREE THAT:

1. I will use confidential information, only as needed to perform my volunteer duties. I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, revise, alter, or destroy any confidential information belonging to Houston Methodist Willowbrook Hospital. I understand that I will be automatically dismissed as a volunteer if I do not respect my responsibility for maintaining confidentiality.
2. My services are donated to the hospital and given for humanitarian, religious, or charitable reasons.
3. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off of hospital property, or act as a runner or capper for an attorney in the solicitation business. I shall report all known occurrences of solicitation for attorneys to the Volunteer Coordinator.
4. I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petition on hospital premises unless I receive the express authorization of the Volunteer Coordinator to engage in these activities.
5. I shall submit to the physical screenings, which may include chest X-rays, skin test, and appropriate laboratory test, as a condition of my acceptance into the volunteer program. I also authorize the person(s) performing tests or x-rays films to report the results to the hospital.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.

7. I shall attempt to resolve any problems related to my volunteer activities with my unit/department supervisor, and, if unsuccessful, attempt to resolve any such problems with the Volunteer Coordinator.
8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
9. I shall at all times uphold the mission of the hospital.
10. I understand that the Volunteer Services Department reserves the right to terminate my Volunteer status as a result of
 - a. Failure to comply with hospital policies, rules and regulations;
 - b. Three (3) absences without prior notification;
 - c. Unsatisfactory attitude, work or appearance; or
 - d. Any other circumstances which, in the judgment of the Department Director, would make my continued service as a volunteer contrary to the best interests of the hospital.

I have read all of the above conditions and I agree to adhere to them.

Volunteer Signature

1. Will you agree to practice the following while serving as a volunteer at Houston Methodist Willowbrook Hospital?

ICARE VALUES (Integrity, Compassion, Accountability, Respect, Excellence)

Yes No

2. Will you agree to a yearly TB test?

Yes No

3. Will you agree to a yearly flu shot?

Yes No

4. Will you agree to a drug screening and a background check prior to serving as a volunteer?

Yes No

5. If you are dissatisfied in your service, will you agree to speak directly to the Volunteer Coordinator to try to resolve the issue before resigning?

Yes No

6. If you resign or complete your duties as a volunteer, will you turn in your picture ID badge before leaving?

Yes No

7. Are you able to purchase your uniform? (Cost - \$20.00). Black or khaki slacks (no jeans, shorts, or capris) are required with the volunteer jacket along with closed toe shoes. Men must wear a collared shirt with their volunteer vest.

Yes No Size: Sm M L XL

I HAVE READ THE ABOVE REQUIREMENTS AND AGREE TO UPHOLD THEM WHILE SERVING AT HOUSTON METHODIST WILLOWBROOK HOSPITAL AS A VOLUNTEER.

Volunteer Signature

Date