Dear Future Volunteer:

Thank you for your interest in the Flagler Hospital Volunteer Program. We are continuously looking for motivated and enthusiastic volunteers to work throughout the health system.

The Flagler Hospital Auxiliary helps make the hospital special by providing friendly, dedicated service to patients and staff. Active in almost every area of the hospital, volunteers offer a wide variety of skills, and services, from wheeling patients to and from X-Ray and sorting mail, to planning and holding fundraising events.

In order to qualify for the program, volunteers must:
- Commit to six consecutive months from the date of Orientation
- Complete a Volunteer Application and Skills Questionnaire
- Complete an Authorization Background Check
- Issue a check in the amount of $40.00 for the cost of the Background Check (which will be refunded after your 6 months has been completed). *This is to be included WITH your application.*
- Attend a two-hour Orientation, held monthly at Flagler Hospital
- Work a minimum of four hours, once a week
- Complete a two-step Tuberculosis (TB) Test in our Employee Health Office
- Purchase Uniform Shirt – ($18.00)
- Pay Annual Dues – ($7.00)

Volunteers are recognized quarterly for their hours of service. Many have volunteered over 1,000 hours of their time, and several have volunteered over 10,000 hours! As a member of the Flagler Hospital Auxiliary, you’ll be invited to luncheons, seminars, and educational programs that keep you abreast of changes in healthcare.

Please note, in order to become a volunteer, you must be 21 years old. **Interviews are held on the first Tuesday of every month. We will be calling you about one week prior to that date to set a time for your interview.** For more information, please call (904) 819-4411.

We look forward to welcoming you into the Flagler Hospital family of volunteers.

Sincerely,

Clara Lugo
Director of Volunteer Services & Gift Shop
Flagler Hospital Inc.
Date: ____________________

Available for Volunteering: ☐ Year-Round ☐ Seasonal: (Dates) ___________________________ to ___________________________

PLEASE PRINT:

☐ Mr. ☐ Ms.
☐ Mrs. ☐ Other: ______________________

Birth Date (M.D.Y): __ __ / __ / ____

U.S. Citizen ☐ No ☐ Yes

Sex: ☐ Male ☐ Female

Name: Last: __________________________ First: __________________________

Preferred Name for ID Badge (if different from above): __________________________

Street Address: ____________________________________________________________ Apt#: __________________________

City: __________________________ State: __________________________ Zip: __________________________

Home Phone: (____) __________ Cell Phone: (____) __________ Work Phone: (____) __________

Email: __________________________

IN CASE OF EMERGENCY, NOTIFY:

Name: __________________________ Relationship: __________________________

Street Address (if different from above): __________________________________________

City: __________________________ State: __________________________ Zip: __________________________

Home Phone: (____) __________ Cell Phone: (____) __________ Work Phone: (____) __________

Physician's Name: __________________________ Business Phone: (____) __________________________

REFERENCES (Local Preferred, No Relatives):

Name: __________________________ Phone: (____) __________ E-Mail: __________________________

Street Address: ____________________________________________________________

City: __________________________ State: __________________________ Zip: __________________________

Name: __________________________ Phone: (____) __________ E-Mail: __________________________

Street Address: ____________________________________________________________

City: __________________________ State: __________________________ Zip: __________________________

BACKGROUND INFORMATION:

Have you ever been convicted of, had adjudication withheld, or plead guilty or nolo contendere (no contest) to a criminal offense (misdemeanor or felony)? (We do criminal checks. Falsification or failure to disclose this or any other information on this application is grounds for termination. A conviction does not necessarily disqualify you from volunteer service). ☐ Yes ☐ No

If YES, please explain: __________________________________________________________

Have you ever been refused bond? ________________________________________________ ☐ Yes ☐ No

If YES, please explain: __________________________________________________________

Have you previously been an employee/volunteer for Flagler Hospital? ________________________________ ☐ Yes ☐ No

If YES, provide dates of employment/volunteer service, location and name of supervisor: __________________________________________
**WORK EXPERIENCE, SKILLS and ACTIVITIES:**

Currently Employed: [ ] Yes  [ ] No  [ ] Retired  
Work Schedule: ______________________________________

Occupation/Former Occupation - Work Experience: ____________________

**SKILL QUESTIONNAIRE:**

Check all that apply to you. We will discuss your skills and preferences to assist us in finding a rewarding volunteer position:

- **FINANCIAL**
  - [ ] Accounting
  - [ ] Banking
  - [ ] Bookkeeping
  - [ ] Other: ______________________

- **PROFESSIONAL**
  - [ ] CEO/President
  - [ ] Director
  - [ ] Manager
  - [ ] Supervisor
  - [ ] Other: ______________________

- **COMPUTERS**
  - [ ] Microsoft Office
  - [ ] Excel
  - [ ] Word
  - [ ] Powerpoint
  - [ ] Access
  - [ ] Networking
  - [ ] Web Design
  - [ ] Other: ______________________

- **OTHER SKILLS**
  - [ ] Arts & Crafts
  - [ ] Calligraphy
  - [ ] Counseling
  - [ ] Driver
  - [ ] Educator
  - [ ] Electrical
  - [ ] Engineering
  - [ ] Fund Raising
  - [ ] Gardening
  - [ ] Human Resources
  - [ ] Musician Instruments
  - [ ] Other: ______________________

- **RETAIL/BUSINESS**
  - [ ] Cashier
  - [ ] Customer Relations
  - [ ] Display
  - [ ] Manager
  - [ ] Marketing
  - [ ] Sales
  - [ ] Other: ______________________

- **COMMUNICATION**
  - [ ] Customer Service
  - [ ] Foreign Language
  - [ ] Spoken: ______________________
  - [ ] Photography
  - [ ] Public Speaking
  - [ ] Training
  - [ ] Writing/Publishing

- **OFFICE/CLERICAL**
  - [ ] Computer, Typing
  - [ ] Fax, filing, Mail, Phone
  - [ ] Receptionist
  - [ ] Shorthand
  - [ ] Other: ______________________

- **HEALTH CARE**
  - [ ] LPN
  - [ ] Medical Assistant
  - [ ] Medical Records
  - [ ] Nurse Aide
  - [ ] Physician
  - [ ] Radiology
  - [ ] RN
  - [ ] EMT, Paramedic
  - [ ] Other: ______________________

- **PAST LEADERSHIP**
  - [ ] Board of Directors
  - [ ] Chairman
  - [ ] Committee Member
  - [ ] President
  - [ ] Secretary
  - [ ] Treasurer
  - [ ] Vice President
  - [ ] Other: ______________________

- **PATIENT CARE**
  - [ ] Feeding Patient
  - [ ] Massage/Back Rub
  - [ ] Patient Transport
  - [ ] Visiting/Listening
  - [ ] Other: ______________________

- **HOBBIES**
  - [ ] Computer, Typing
  - [ ] Fax, filing, Mail, Phone
  - [ ] Receptionist
  - [ ] Shorthand
  - [ ] Other: ______________________

**HEALTH STATEMENT:**

The following pertains to physical problems which could interfere with your ability to perform certain jobs. Do you have, or have you ever had any of the following conditions, ailments or diseases. Please check (✓) all that may apply:

- [ ] Arthritis  [ ] Diabetes  [ ] Fainting  [ ] Hepatitis  [ ] Neck Problems
- [ ] Asthma  [ ] Dizziness  [ ] Hearing Defects  [ ] High Blood Pressure  [ ] Tuberculosis
- [ ] Back Problems  [ ] Epilepsy  [ ] Heart Problems  [ ] Other: ______________________

**WORK PREFERENCES:**

- [ ] Patient Contact  [ ] Non Patient Contact  [ ] Information/Clerical  [ ] I would also like to Assist with Special Events (fund-raisers, health fairs, recruiting, etc.).

Work Times:  [ ] Morning (8:00 AM - 12:00 PM)  [ ] Afternoon (12:00 - 4:00 PM)  [ ] Evening (4:00 - 8:00 PM)

Work Days:  [ ] Mon.  [ ] Tues.  [ ] Wed.  [ ] Thur.  [ ] Fri.  [ ] Sat.  [ ] Sun.  [ ] Any Day (Flexible)

I would be interested in a Auxiliary Board Leadership Position: ______________________________________  [ ] Yes  [ ] No
VOLUNTEER AGREEMENT

PLEASE READ AND SIGN:

IF ACCEPTED INTO THE FLAGLER HOSPITAL AUXILIARY PROGRAM, I AGREE TO:

- Hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients and staff.
- Become familiar with Flagler Hospital policies and procedures and uphold the Code of Conduct.
- Honor my commitment to a specific job assignment.
- Donate my services without contemplation of compensation or future employment.
- Be professional, conscientious and conduct myself with dignity, courtesy and consideration of others.
- Purchase the appropriate volunteer uniform and maintain a well-groomed appearance.
- Attend orientation and in-service training as scheduled.
- Carry out assignments in a professional manner and seek Auxiliary assistance when necessary.
- Discuss any problems, criticisms or suggestions with my Chairperson, Auxiliary President or Director of Volunteer Services.
- Work a specified number of hours on a schedule acceptable to Flagler Hospital.
- Adhere to the Flagler Hospital Auxiliary volunteer’s sign-in procedure.
- Be punctual and notify my chairperson if unable to work as scheduled and find a substitute according to the volunteer substitution policy.
- Honor the minimum commitment of volunteer service six (6) months with the first 24 hours being a probationary period.
- I understand that the Flagler Hospital Auxiliary reserves the right to terminate my volunteer status as a result of (a) failure to comply with the hospital’s policies; (b) absences without prior notification; (c) unsatisfactory work, attitude, appearance or; (d) any other circumstances which, in the judgment of the Director of Volunteer Services, would make continued services as a volunteer contrary to the best interest of Flagler Hospital and its patients.
- I, the undersigned, consent to any pre-volunteer testing/screening required by Flagler Hospital.
- I hereby certify that there are no misrepresentations concerning my personal and professional history. I am aware that misstatements of material facts may cause me to be disqualified from holding a volunteer position with the Flagler Hospital Auxiliary. I have read the above conditions and agree to honor them.

Signature of Volunteer _______________________________ Date _______________
I hereby authorize Vereda, Inc. (Vereda), its clients, and/or any of its authorized agents to gather background information. This information includes criminal history, credit records, social security number verification, driving records, drug screens, education, employment history, professional references and any other pertinent information related to the function of the job or volunteer position for which I am applying. I also authorize this information to be re-verified at any time while working at Flagler Hospital. I understand that all information provided on this release is for identification purposes only and is necessary in order to conduct a background check. I understand that all information is gathered in accordance with the provisions of the Fair Credit Reporting Act (FCRA). I understand that the inquiries and verifications conducted by Vereda are for employment purposes only and are not an invasion of my privacy. In compliance with the FCRA, I understand a copy of this report will be provided to me upon my written request.

I, __________________________, hereby declare and affirm that the following information is true and correct to the best of my knowledge. In addition, I understand that submission of false or inaccurate information on this and/or any other employment forms may result in non selection (or termination if already hired.)

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Have you ever been convicted of a felony or misdemeanor? Yes No If “Yes” provide City & State: If “Yes” list offense(s) and date(s):