



Ascension



PROVIDENCE

Department of Volunteer Services

6901 Medical Parkway Waco, TX 76712 (254) 751-4104

VOLUNTEER APPLICATION

Date of Application			
Last Name	First Name	MI	
Nickname	Home Phone	Cell Phone	
Current Address	City	State	Zip
Email Address	Date of Birth		
In case of emergency, please notify:	Relationship	Phone	

Background/Autobiographical Information:

How did you learn about volunteer opportunities at Providence?

List your previous volunteer experience:

Are you presently enrolled in a school, college or university? Yes No If yes, where?

Are you presently employed? Yes No If yes, where?

RESPONSE IS REQUIRED: Have you ever been convicted of, or have you pleaded guilty or no contest (nolo contendere) to a felony or misdemeanor offense or have you ever received probation or deferred adjudication for a criminal charge?

Yes No If yes, explain and give dates.

Note: Providence Healthcare Network performs criminal background inquiries. Answering "Yes" will not necessarily disqualify you from volunteering. However, false statements or material omissions will disqualify you from volunteering. Furthermore, an arrest alone will not automatically disqualify you from volunteering. However, if you have been arrested, Providence Healthcare Network will consider the relationship of the charges to the position for which you are being considered. Please include all explanations and dates.

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?

Yes No

Do you speak any language other than English? Yes No If yes, please list:

Do you have computer skills? Yes No

Over Please

List your interests, hobbies, community activities:

Name, address and telephone number of two references who are not related to you:

Volunteer work preferences (please check all that apply:)

- Helping Patients Helping Visitors Customer Service Office/Clerical
 Other _____

Check the days and times below that you would be available to volunteer. Some areas may require different hours, but typical shifts are:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
8 am – Noon							
Noon – 4 pm							
4 pm – 8 pm							

Notes: _____

VOLUNTEER AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I understand that just as a volunteer may choose to stop providing help to Providence Healthcare Network, Providence Healthcare Network may, in its sole discretion, choose to select the services a volunteer may be allowed to provide, and it may choose to refuse the services of any volunteer, at any time and for any reason.

I agree to uphold the purposes, bylaws and policies of Providence Volunteer Services and the Healthcare Network it serves. I understand that I will be serving without compensation of pay and solely for my own personal purpose or pleasure. I understand that my membership is automatically renewed, and my name is added to the mailing list, upon return and acceptance of this application.

Signature _____ Date _____ Print Name _____

THIS BOX FOR VOLUNTEER OFFICE USE ONLY

Orientation date: _____

Service area(s): _____

Director's Comments: _____
