



Leesburg Regional Medical Center

Part of Central Florida Health Alliance

COLLEGE STUDENT VOLUNTEER SERVICES APPLICATION

Please print clearly and return completed application to:
Leesburg Regional Medical Center, Information Desk
600 E. Dixie Avenue, Leesburg, FL 34748
Phone: (352) 323-5060

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name on Badge: _____ Birthdate: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

School Address (if different from home): _____

City: _____ State: _____ Zip: _____

SSN: _____ Driver's License #: _____

Email: _____

Phone: *home:* _____ *cell:* _____ *work:* _____

Emergency Contact Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: *home:* _____ *cell:* _____

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor Name: _____

Job Duties & Responsibilities: _____

How did you hear about our College Student Volunteer Program? _____

Professional References: (Non-Relative such as a Teacher, Professor, Employer, etc.)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Education:

<i>School/College Name</i>	<i>Location</i>	<i>Graduated</i>	<i>Degree</i>	<i>Major/Minor/Course Work</i>
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Presently attending		Expected date		

Languages spoken (other than English): _____

Occupation/Former Occupation: _____

Work Experience/Professional Skills: _____

Recreation/Hobbies: _____

Volunteer Experience/Community Affiliations: _____

Service Preferences: *Time:* Morning Afternoon Evening

Day(s): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Assignment: Patient contact Non-patient contact Request: _____

Why do you want to volunteer at Leesburg Regional Medical Center? _____

Career Goals: _____

Have you previously been an employee/volunteer for either Leesburg Regional Medical Center or The Villages Health System? Yes No

If yes, provide dates of employment/volunteer service, location and name of supervisor: _____

Do you have any relatives employed at our facilities? Yes No

If yes, list name(s) and department(s): _____

Have you been convicted of a felony or misdemeanor offense, including offenses where adjudication of guilt was withheld? (not including minor traffic violations) Yes No

If yes, please explain: _____

Are there any charges currently pending against you other than traffic violations? Yes No

If yes, please explain: _____

I certify that all of the information provided by me on the application is true, correct and complete. I grant Leesburg Regional Medical Center, part of Central Florida Health Alliance, permission to verify this information in arriving at a volunteer decision. I understand that false or misleading statements or the omission of any information necessary to make this application complete will result in rejection of my application or dismissal from volunteer service.

Signature: _____

Date: _____

Please Read and Sign

If accepted as a CSV for Leesburg Regional Medical Center, I agree to:

- Hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, team members and other volunteers.
- Donate my services without contemplation of compensation or future employment
- Honor my commitment to a specific job assignment
- Conduct myself with dignity, courtesy and consideration for others
- Maintain a well-groomed appearance
- Attend orientation and training as scheduled
- Consent to an annual performance evaluation
- Carry out assignments in a professional manner and seek assistance when necessary
- Discuss any problems, criticism or suggestions with my service area supervisor or the Volunteer Services Coordinator
- Work a specified number of hours as assigned
- Maintain a sign-in time sheet record of my hours
- Be punctual and notify my supervisor if unable to work as scheduled
- Honor a minimum commitment of volunteer service of six months
- Observe all Volunteer Services policies and procedures. I understand that Leesburg Regional Medical Center may revise its policies and procedures at any time.
- I understand that all Central Florida Health Alliance facilities are tobacco and smoke free
- I understand that a separate application is necessary to volunteer with the Auxiliary organization of Leesburg Regional Medical Center or The Villages Health System

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of 1) failure to comply with Alliance policies and procedures; 2) absences without prior notification; 3) unsatisfactory attitude, work or appearance; or 4) any other circumstances which, in the judgment of the Volunteer Services Coordinator, would make my continued service as a volunteer contrary to the best interests of Leesburg Regional Medical Center and its patients.

I consent to 1) any pre-volunteer testing/screening required by the Alliance; and 2) annual health testing and training required by the Alliance. I further give permission to investigate any and all information concerning my application to determine my qualifications. This includes, but is not limited to, medical clearance, criminal background checks, employment and personal reference checks and educational verification.

I hereby certify 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 Alliance. I have read each of the above conditions and agree to honor all of them. In the event of resignation or termination, I agree to return the Central Florida Health Alliance ID badge issued to me.

Signature of Applicant: _____ Date: _____

For Office Use Only	
Application received: _____	Interview date: _____
Interviewed by: _____	Scheduled orientation date: _____
Assignment: _____	Start date: _____
Comments: _____	