



- Flu Shot
- Background _____
- Meal Activation
- Spreadsheet
- Media form
- TB Skin
- Handbook
- Badge ID
- Uniform

1324 Lakeland Hills Blvd • P.O. Box 95448 • Lakeland, FL 33804 • (863) 687-1115

VOLUNTEER APPLICATION

Please Print

Date: _____

NAME

Miss Mr.

Mrs. Ms.

(last)

(first)

(initial)

Address: _____

Address

City

ST

ZIP

Phone: Home () _____ Cell (_____)

E-Mail Address: _____ Driver's License: _____
(Please Print)

Emergency Contact: _____ Contact Phone: _____

I am a Seasonal Resident: _____ If yes, Start Month: _____ End Month: _____

Current or Previous Volunteer Service: _____

Hobbies, Interests, Skills, Work Experience, Foreign Language: _____

How did you hear about our program? _____

Days Available to Volunteer: Mon Tues Wed Thurs Fri Sat Sun

Shift Preferred: Morning (8am - 12Noon) Afternoon (12Noon - 4pm) Evening (4pm - 8pm)
Weekends Only (10am - 2pm)

Have you ever volunteered or worked for LRH? _____ If yes, when _____

Have you ever been convicted of (regardless of adjudication), pled guilty to, or plead no contest to, a felony or misdemeanor? Include convictions for DUI and driving with a suspended license. Exclude minor traffic violations.
Note: A conviction(s) does not necessarily disqualify you from volunteering. Yes No



Lakeland Regional Health[®]

TO PARTICIPATE IN OUR ADULT VOLUNTEER PROGRAM, Please write a short essay why you would like to be part of our Volunteer Program (Must be completed, and please be specific as to why you want to be part of this program)

THIS AREA TO BE COMPLETED BY VOLUNTEER SERVICES / TALENT



VOLUNTEER CODE OF CONDUCT

Please read the following carefully before signing.

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that misrepresentation or falsifications in this application may remove me from consideration for volunteer service. In addition, any misrepresentations or falsifications in this application will be the cause for dismissal at any time without previous notice.

I acknowledge that consideration for acceptance into the volunteer program is contingent on the results of a reference and background check. Therefore, I hereby authorize Lakeland Regional Health (LRH) to: Investigate the truthfulness of all the statements made on this application; Contact my former employers and other listed references or any other persons who can verify information; and Discuss the results of any investigation with other employees of the company who are involved in the process. In addition, I give my consent for all contacted persons including former employers to provide information concerning this application and I release each person from liability for providing such information and further wave any causes of action arising from providing such information to LRH.

I acknowledge that if I am selected to participate in the volunteer program, I may acquire confidential information about LRH's business, patients, or employees. I understand that access to any and all confidential information is restricted to individuals who have need, reason, and permission for such access; and I agree not to access or release such information unless I have need, reason, and permission to do so. I understand that disregard for these policies will result in immediate dismissal from Lakeland Regional Health Volunteer Services Program.

I understand that participating in the volunteer services program in no way guarantees me a paid position with the organization should I ever apply for employment.

I understand that LRH is a smoke-free environment, and, if I am a smoker, I will not smoke on campus during my shift while in the Volunteer Services Program.

_____ **Date**

_____ **Volunteer's Signature**

LRH engages volunteers without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, disability, citizenship, veteran status, or any other protected job status. The Volunteer Application will be considered inactive after 4 months of absence. If you wish to be considered after that time, you must complete a new Volunteer Application.

THIS AREA TO BE COMPLETED BY VOLUNTEER SERVICES STAFF

SERVICE ASSIGNED TO:

DAY:

SHIFT:



BACKGROUND RELEASE FORM

PLEASE PRINT CLEARLY AND THOROUGHLY

Lakeland Regional Health (LRH) Authorization and Release form for Background report

Volunteer Name: **(First, Middle, Last)** _____

Maiden Name and/or Alias: _____ Date of Birth: _____

Social Security Number: _____ Home Phone: () _____

Gender: Male () Female ()

Race: White () Black/African American () Hispanic/Latino () Asian ()

Native Hawaiian or other Pacific Islander () Two or more races ()

American Indian or Alaska Native ()

PUERTO RICAN ONLY - REQUIREMENT FOR RELEASE:

City of Birth: _____ Mother's Maiden Name: _____

Provide seven (7) years of Residential History Please:

Current Address: _____

County City, State and Zip Code Yrs. At Address

Previous Address: _____

County City, State and Zip Code Yrs. At Address

Previous Address: _____

County City, State and Zip Code Yrs. At Address

Authorization to Obtain Consumer Reports

In connection with my application for volunteer services, I understand that an investigative consumer reports may be requested containing information about me including, but not limiting to, public records, criminal records, driving history, may be obtained from various federal, state, local and other agencies, and from any other persons who may have information about my past activities.

By signing below, I hereby authorize without reservation, any party or agency contacted by LRH or Universal Background Check, a consumer reporting agency acting on their behalf, to furnish information about me. If accepted as a volunteer, I further authorize ongoing procurement of the above-mentioned reports at any time during my continued volunteer assignment. I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

X _____
Applicant's Signature

Date



Lakeland Regional Health®

STIX Demographic Data Form
Lakeland Regional Employee Health & Wellness
The People Place (1st floor Main Campus)
Monday - Friday 7am-4pm
TB Shots are not administered on Thursday's
863-687-1138

<input type="checkbox"/> Adult Volunteer	<input type="checkbox"/> Teen Volunteer
Minor Release On File: Y or N Volunteer Staff Initials: _____	
Social Security # (Required):	
LEGAL Name	
First:	Middle:
Last:	
Address	
Street:	
City:	State:
Zip:	
Telephone	
Home: ()	Cell: ()
Birth Date:	Sex:
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Other : _____	
Have you ever had a Positive TB Skin Test? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF YES, have you had a Chest x-ray in the past six months ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are a known positive reaction and did not bring a copy of a chest x-ray within the past six months, please be aware you will be having a chest x-ray today.	