



- Background Check \_\_\_\_\_
- Orientation \_\_\_\_\_
- TB Test \_\_\_\_\_
- Media Form \_\_\_\_\_
- Meal Activation \_\_\_\_\_
- Assignment \_\_\_\_\_
- Badge \_\_\_\_\_
- Uniform \_\_\_\_\_
- Immunization \_\_\_\_\_
- Flu Vaccine \_\_\_\_\_
- Spreadsheet \_\_\_\_\_

**Manager of Volunteer & Concierge Services – 863.687.1115**  
**1324 Lakeland Hills Blvd. – PO Box 95448 – Lakeland, FL 33804**  
**Darcy.King@mylrh.org**

## Volunteer Application

*Please Print*

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*First*
*Initial*
*Last*

Address: \_\_\_\_\_  
*Address*
*City*
*State*
*Zip*

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ **Emergency**  
**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, Etc.: \_\_\_\_\_

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

How did you hear about our program? \_\_\_\_\_

Days available to volunteer: \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun

Shift Preferred: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening

**Have you even been convicted of (regardless of adjudication), pleaded guilty to, or pleaded 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**

**Note: 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.**

**To participate in our Adult Volunteer Program, please write a short description as to why you would like to be part of our Volunteer Program. (Must be completed and please be specific.)**

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## **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 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 background check. Therefore, I hereby authorize Lakeland Regional Health (LRH) to: Investigate the truthfulness of all of the statements made on this application; Contact my former employers and other listed references or any other persons who can verify information.

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 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 within 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**Authorization to Obtain Consumer Reports**  
**Please Print Clearly and Thoroughly**

In connection with your volunteer application with Lakeland Regional Health (the “Company”), this notice is intended to inform you that a consumer report and/or investigative consumer report may be obtained on you from a consumer reporting agency for volunteer purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, or other background checks. Your report will be shared with the Company.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and First Choice Background Screening at 888.222.6988 x7808. For information about First Choice Background Screening privacy practices see [www.firstchoicebackground.com](http://www.firstchoicebackground.com). The scope of this notice and below authorization is not limited to the present and will continue throughout the course of your volunteer assignment and allows the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my volunteer assignment and future employment, if applicable.

Applicant Name: (First, Middle, Last, Suffix) \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver’s License #: \_\_\_\_\_ State of Driver’s License: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Gender: Male (  ) Female (  ) Other (  )

Present Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Previous Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Previous Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date