



☐ Background Check _____ ☐ Badge
☐ Orientation _____ ☐ Uniform
☐ TB Test _____ ☐ Immunization
☐ Media Form _____ ☐ Flu Vaccine
☐ Meal Activation _____ ☐ Spreadsheet
☐ Assignment _____

Manager of Volunteer & Teen Learning Programs – 863.687.1115
1324 Lakeland Hills Blvd., Lakeland, FL 33805
Darcy.King@mylrh.org

Volunteer Application

Please Print

Date: _____

Name: _____
First Preferred First Name (if applicable) 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.)

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. 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