

Volunteer application

Name: _____

Phone: _____ Alternate phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Are you over 18 years of age? Yes No

Emergency contact

Name: _____

Relationship: _____ Phone: _____

References (Relatives cannot be listed as references.)

Name: _____ Years known: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Name: _____ Years known: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

If you are seeking to volunteer in order to obtain credit with a special program (club, school, court, etc.), please list:

Organization: _____

Reference: _____ Phone: _____

Why would you like to volunteer at Encompass Health Auxiliary Corporation?

Schedule availability

	Sunday	Monday.	Tuesday	Wednesday	Thursday	Friday	Saturday
a.m.							
p.m.							

Check your area of preference

No patient contact Limited patient contact Patient contact Clerical

What service area would you prefer? _____

How did you learn about volunteering at Encompass Health Auxiliary Corporation?

Friend Internet Employee Other: _____

Education

Type of School	Name of school	Location of school	Years attended	Last year completed	Diploma/ Degree	Course of study/ major
High School				9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ Other				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment/Volunteer History

(Starting with your most recent position, list positions and activities, including self-employment, volunteer work and all significant experience.)

Employer	Address	Job title	Duties	Supervisor Name/Phone	Date from	Date to	Reason for leaving

Have you ever been convicted (pleaded guilty or been found guilty) of a felony? Yes No

If yes, explain: _____

Volunteer agreement and liability waiver

I hereby certify the answers on this application are true and correct. I understand that any misrepresentations or omissions of facts, misleading or false information on my part will be grounds for rejection of my application or termination of my volunteer status if such occurrence is discovered at a later date.

If I am selected as a volunteer, in connection with my activities as a volunteer, I agree to hold confidential all information to which I may have access. This includes, but is not limited to, financial information and information on current, former or prospective patients, employees, students and volunteers. Disclosure of such information to unauthorized persons is prohibited, and may result in my dismissal from the volunteer program and may have additional legal consequences.

If I am selected as a volunteer, I understand that volunteer status is at-will and Encompass Health Auxiliary Corporation has the right to terminate my volunteer status at any time for any or no reason, just as I have the right to terminate my volunteer status at any time for any or no reason.

If I am selected as a volunteer, I agree that my services will be donated to the hospital without contemplation of compensation or future employment. I am aware that Encompass Health Auxiliary Corporation does not provide insurance coverage for volunteers if personally injured or if damage occurs to the volunteer's personal property while acting as a volunteer. I further understand that I will not be entitled to worker's compensation benefits, health insurance benefits or any other benefit available to employees of Encompass Health. I agree that I will not hold Encompass Health Auxiliary Corporation, its affiliated entities, or their officers, directors, employees, agents or insurers liable for any injury sustained to person or property while acting in a volunteer capacity.

Signature: _____ Date: _____