



WEST HOUSTON MEDICAL CENTER

VOLUNTEER SERVICE APPLICATION (Adult – over 18 years of age)

Please read and keep the 2 informative cover pages attached to this application – many guidelines and requirements of our volunteer program are outlined.

Name: _____
(First Name) (Middle Initial) (Last Name)

Mailing Address: _____

City/State: _____ **Zip:** _____

Home Phone #: _____ **Cell Phone #:** _____

E-Mail Address: _____

Date of Birth: _____
Month Day Year

Employer: _____ **Hours:** _____

Work Address: _____ **Work Telephone #:** _____

Please note: We require 2 reference forms be submitted with your application - reference forms are attached to this application packet. Please have each reference (past or current employer, professor, mentor, etc. but no family) complete the form and return to our office.

Previous Volunteer Experience: _____

Special Interests: _____

Skills: _____ **Are you computer proficient?:** _____

Please share with us the reason you are interested in being a hospital volunteer:

Please circle the day/days you are available and indicate the time of day that you would prefer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred shift time: (please circle and make note if there is a particular time you prefer)

Morning _____ Afternoon _____ Evening _____

In what area of the hospital are you most interested in volunteering: (Please indicate 1st, 2nd, & 3rd choices)

- | | |
|-----------------------------|---|
| Registration _____ | Sugar Land Diagnostic Center Front Desk _____ |
| Clerical _____ | Surgery/ICU Information Desk _____ |
| Lab _____ | Volunteer Office _____ |
| Gift Shop _____ | Emergency Department _____ |
| Craft/Stitchers Group _____ | Pharmacy _____ |
| Human Resources _____ | Rehabilitation Information Front Desk _____ |
| Food Services _____ | Lobby Information Desk _____ |

Please note: Assignments in areas listed may not currently be available. Gift shop and information desks have the highest needs. Some departments do not accept volunteers during the evenings and/or weekends.

Are you interested in or actively seeking employment? Yes _____ No _____

Are you currently a student in any educational program? Yes _____ No _____

If Yes, please indicate school and how many hours needed if volunteering to fulfill school requirement:

Major: _____ Class Schedule: _____

Have you ever been convicted of or pled guilty to a criminal offense other than minor traffic violations?

Yes _____ No _____

If yes, please explain: _____

I understand and agree that a volunteer is an individual who performs hours of service for a public agency for civic, charitable or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered and that services are offered freely and without pressure or coercion. I understand that by completing and signing this application I am giving West Houston Medical Center Volunteer Services Department permission to verify all information and to check my references. Further, I understand the information obtained will be used as one basis for acceptance or denial as a volunteer. I understand that completion of this application does not guarantee acceptance as a volunteer at West Houston Medical Center. If accepted as a volunteer at WHMC, I hereby agree to comply with the ethics, rules and regulations of the hospital and to perform my duties to the best of my ability.

Signature of Applicant: _____ Date: _____