

What do you envision yourself doing as a volunteer?

Have you volunteered in a health care setting before: Yes ____ No ____

If yes, describe the experience: _____

What about the health care setting is appealing to you?

If you need special assistance to perform your volunteer duties, please indicate those needs here:

Have you ever committed, been convicted of, pled guilty to, or pled nolo contendere to a felony or a misdemeanor?

No ____ Yes ____ If yes, please explain _____

NOTE: Conviction of a crime is not necessarily grounds for disqualification.

Contract of Confidentiality

As a Volunteer, I understand that I may come in contact with confidential information, both clinical and employee related, through, but not limited to, written records, documents, ledgers, internal correspondence and communications, computer programs and applications. I agree not to divulge or disclose to anyone other than those persons of Lakewood Ranch Medical Center and/or its affiliates who have "need to know", directly or indirectly, either during or after my services, any confidential information acquired during the course of my services. I understand and acknowledge that in the event I breach any provision of this agreement, Lakewood Ranch Medical Center, in addition to other legal remedies available to them, has the right to reprimand, suspend and/or terminate my volunteer service.

Volunteer Name: _____ Volunteer Signature: _____

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

As a VOLUNTEER I.....

- Agree to attend the volunteer orientation and train until I am competent to perform the required duties
- Agree to comply with all the rules and regulations of the hospital and the Volunteer Services Department
- Understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside my service guidelines
- Agree to call my service area supervisor as soon as possible when I have scheduling changes

Volunteer Applicant signature

Please return completed application forms to our hospital Volunteer Services Department (by dropping off at the front desk, mailing or scanning and emailing):

Lakewood Ranch Medical Center
Attention: Volunteer Services
8330 Lakewood Ranch Medical Center
Lakewood Ranch, FL 34202

Or email to:
Tami.Caruso@lwrmc.com

Questions can be answered by calling: 941-782-2131