



# Lakewood Ranch Medical Center

## 2019 VolunTeen Application

Please fill out the application completely. Omitted information will delay processing.

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

### PERSONAL INFORMATION (PLEASE PRINT):

Last Name	First Name	MI	How do you want your name to appear on badge?
Address	Apt/Lot #	City	Use 9 digit Zip Code
Local Phone _____	E-Mail _____	Birthday _____	(Mo-day-yr)

### Uniform Size: Available in men's and ladies sizes

Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ X-Large \_\_\_\_ XX-Large \_\_\_\_ XXX-Large \_\_\_\_

### IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT OUR PROGRAM?

Friend \_\_\_\_ School \_\_\_\_ Internet \_\_\_\_ Other - please specify \_\_\_\_\_

### VOLUNTEER AVAILABILITY: (please circle the days and times you are available to work)

MON	TUES	WED	THURS	FRI
8A-12P	8A-12P	8A-12P	8A-12P	8A-12P
12P-4P	12P-4P	12P-4P	12P-4P	12P-4P

COMMENTS: \_\_\_\_\_

Department Preference: \_\_\_\_\_

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?**

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

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**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: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

**Please submit your completed application packet which includes all of the following: the VolunTeen application, two references and immunization records no later than 5pm on March 29th. All components in the packet should be submitted at the same time by mail or email, to Volunteer Services.**

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

Or email to:

[Lisa.Kirkland2@uhsinc.com](mailto:Lisa.Kirkland2@uhsinc.com) or [Tami.Caruso@lwrmc.com](mailto:Tami.Caruso@lwrmc.com)

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