

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:

Service Area Opportunities (check all areas of interest)

- | | | |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Breast Health Center | <input type="checkbox"/> Employee Health | <input type="checkbox"/> Radiology/Imaging |
| <input type="checkbox"/> Care/Dietary | <input type="checkbox"/> Facilities/Maintenance | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Cath Lab/Cardio/Stroke | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Computer/Database | <input type="checkbox"/> Infection Prevention | <input type="checkbox"/> Shuttle Driver |
| <input type="checkbox"/> Communication Boards | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Sleep Center |
| <input type="checkbox"/> Courier/Transport | <input type="checkbox"/> Lab | <input type="checkbox"/> Supply/Chain/Receiving |
| <input type="checkbox"/> Day Surgery | <input type="checkbox"/> Med/Surgery/Tele | <input type="checkbox"/> Women Center |
| <input type="checkbox"/> Education | <input type="checkbox"/> PACU | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Volunteer Services |

Work Experience:

- | | | |
|-----------------------------------------|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Crafts | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Filing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Art | <input type="checkbox"/> Leadership | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Marketing | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Merchandising | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Musical | _____ |
| <input type="checkbox"/> Computer Work | <input type="checkbox"/> Nursing | |

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 – Christina Soderberg

8330 Lakewood Ranch Medical Center

Lakewood Ranch, FL 34202

Or email to:

lakewoodvolunteers@uhsinc.com

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