

# Volunteer Application

\*Applicants must be at least 18 years of age\*

## Personal Information

Print Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
First MI Last Required for Screening

Address \_\_\_\_\_  
City St Zip

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_ Spouse's Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Tel. # \_\_\_\_\_

Relationship \_\_\_\_\_ Work Tel. # \_\_\_\_\_

Community Affiliations (organizations) \_\_\_\_\_

Hobbies & Personal Interests \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Contact Person to Verify Previous Experience \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

## Day of Week/Time of Day - preferred

Time available: (Please circle) MON TUES WED TH FRI SAT SUN  
Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evenings \_\_\_\_\_ Hours desired \_\_\_\_\_

Please describe any special needs you may have in regard to the day of the week or time of day you volunteer: \_\_\_\_\_

Volunteer Assignment Preference: \_\_\_\_\_

## Current Employment (If Applicable)

Current Employer \_\_\_\_\_ Start Date \_\_\_\_\_

Address of Current Employer \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Previous Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

## Health Information

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Health Limitations \_\_\_\_\_

Allergic to: \_\_\_\_\_

I hereby certify that the above is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to volunteer. I authorize INTEGRIS Baptist Medical Center to make inquiry to my physician regarding the state of my health.

I agree to submit to examinations which may include appropriate immunizations, chest x-rays and/or laboratory tests which may be necessary as part of my volunteer services. I hereby authorize my doctor(s) to furnish INTEGRIS Baptist Medical Center information concerning my health. I also authorize the person(s) making tests or x-ray films to report the results to the hospital.

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date

Believing that INTEGRIS Baptist Medical Center of Oklahoma has need of my services as a volunteer worker, I agree to:

Hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, doctors or personnel and I will not seek confidential information in regard to a patient.

My services are donated to INTEGRIS Baptist Medical Center without contemplation of compensation or future employment and are given with humanitarian or charitable reasons.

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date

ADDENDUM  
VOLUNTEER APPLICATION FORM

Miscellaneous:

1. Have you been discharged or asked to resign within the last five (5) years from any service?  
\_\_\_\_\_No\_\_\_\_\_Yes If yes why?\_\_\_\_\_
  
2. Have you been convicted of or plead guilty to a felony in the last 7 years or are you currently charged with the commission of a felony? \_\_\_\_\_No \_\_\_\_\_Yes. If yes, please describe.\_\_\_\_\_
  
3. Do you hold a current and valid Oklahoma driver's or commercial chauffeur's driver's license?  
\_\_\_\_\_No \_\_\_\_\_Yes. If yes, give type, expiration date and number:\_\_\_\_\_
  
4. Has your license been revoked or suspended in the last 5 years? \_\_\_\_\_No  
\_\_\_\_\_Yes. If yes give year and reason:\_\_\_\_\_

Affidavit

I certify that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application or during the interview may result in rejection of my application or immediate discharge at any time during my volunteer service. I understand that my volunteer service is contingent upon, but not limited to, receipt of license verification, criminal history, and motor vehicle driving records. I authorize INTEGRIS Health and/or its agents, including consumer reporting bureaus to verify any of this information. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release all said persons, schools, companies and law enforcement authorities from any liability or damage whatsoever of issuing this information. IN CONSIDERATION OF MY VOLUNTEER SERVICE, I AGREE TO CONFORM TO THE RULES AND REGULATIONS FOR INTEGRIS HEALTH AND THE GUIDELINES AND BYLAWS OF THE VOLUNTEER AUXILIARY OF INTEGRIS BAPTIST MEDICAL CENTER, INC., AND I UNDERSTAND THAT MY VOLUNTEER SERVICE CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE DIRECTOR OF VOLUNTEER SERVICES.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_