



# ADULT VOLUNTEER APPLICATION

Mr.      The volunteer program at JFK Medical Center does not discriminate on the basis of race, color, age, sex,  
 Miss     national origin, religion or disability in the selection and placement of volunteers. Volunteers are placed  
 Mrs.     according to their interests as they match the needs of the hospital.  
 Ms.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

**In case of emergency, notify:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Yearly Resident       Seasonal (months here) \_\_\_\_\_

Shift desired:  8:00 a.m. – 12:00 p.m.       12:00 p.m. – 4:00 p.m.

Day desired:  Monday  Tuesday  Wednesday  Thursday  Friday

Are you willing to give additional time for special projects or events?  Yes  No

Previous/Current Occupation: \_\_\_\_\_

1. Present employment

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

2. Past employment: \_\_\_\_\_

3. Previous/current volunteer experience:

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Your position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Your duties: \_\_\_\_\_

Other: \_\_\_\_\_

4. Community affiliations, club memberships:

5. Are you currently a student? List school and major: \_\_\_\_\_

Special skills, hobbies, interests:  Filing  Typing  Computer data input  Other (please describe)

Language(s) spoken: \_\_\_\_\_

Do you have any health concerns that may affect your ability to perform job related tasks?  Yes  No

If yes, please describe: \_\_\_\_\_



A Teaching Affiliate of the University of Miami Miller School of Medicine

What prompted you to apply for a volunteer position?

\_\_\_\_\_

\_\_\_\_\_

Indicate area(s) of interest:

- Patient Care Ambassador – helps with non-medical needs of patients
- Clerical – Provides clerical
- Floater – Trains for multiple services
- Book cart – Visits patients offering magazines and books
- Messenger – Picks up and delivers inter-office mail, flowers and supplies
- Reception – Acts as a receptionist and greets patients, families or visitors. Answers questions, provides directions and relays information
- Wheelchair escort – Provides wheelchair transport upon request

Please list two local unrelated references that we may contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, explain:

\_\_\_\_\_

The above information is true and I authorize JFK Medical Center verification and investigation of all statements herein and release JFK Medical Center and all others from liability in connection with the same. I also understand that untrue, misleading or omitted information herein may result in dismissal regardless of the time of discovery by JFK Medical Center. I understand that my volunteer placement is contingent upon satisfactory results of a tuberculosis skin test and reference verification. I understand that this is a volunteer position and I will **NOT** be shadowing or performing clinical hands-on care.

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

**DO NOT WRITE BELOW THIS LINE**

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

Service: \_\_\_\_\_ Day: \_\_\_\_\_ Shift: \_\_\_\_\_

Orientation: \_\_\_\_\_ Start Date: \_\_\_\_\_

PPD Date: \_\_\_\_\_ Second PPD Date (if needed): \_\_\_\_\_

Comments: \_\_\_\_\_

**Please mail, email or fax your application to:**  
 Michelle Morejon, Volunteer Coordinator  
 JFK Medical Center  
 5301 S. Congress Avenue  
 Atlantis, FL 33462  
**Phone:** 561-548-3410 **Fax:** 561-548-9217  
 michelle.morejon@hcahealthcare.com