

Volunteer Application

Salutation: Dr. Mr. Mrs. Miss

CONTACT INFORMATION

Last Name	First Name	Middle Name	Date
Street Address		City	State Zip
Occupation: _____		Employer: _____	
Primary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone: _____	
Date of Birth	Over age 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		
_____	If not, over age 15? <input type="checkbox"/> Yes		
Month Day Year			
Email Address: _____			

IN CASE OF EMERGENCY, NOTIFY:

EMERGENCY CONTACT/SPOUSE

Emergency Contact Name	Relationship to you
Primary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	Secondary Phone: _____
Spouse's Name (if different from Emergency Contact)	
Primary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	Secondary Phone: _____

Adult Personal References
(NO RELATIVES)

Reference Name: _____	Reference Name: _____
Primary Phone: _____	Primary Phone: _____
Email: _____	Email: _____

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Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing, pled no contest for any offense other than minor traffic violations or are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?) YES NO

If yes, please explain fully on a separate sheet of paper.

Do you currently use nicotine products including, but not limited to, cigarettes, cigars, pipes, chewing tobacco, nicotine patches or gum? YES NO

Have you been involved in healthcare legal action in the past four years? YES NO

If yes, please explain fully on a separate sheet of paper.

Area(s) in which you're interested in volunteering: _____

Language(s) spoken other than English: _____

Day of Week and Time available to volunteer: _____

I agree to give regular and dependable service to Baylor University Medical Center at Dallas.

Signature: _____ Date: _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN IF APPLICANT IS UNDER 18 YEARS

The application process includes a person interview, checking of references, completing TB-2 step screening, a drug and nicotine screen, attending a general orientation, and criminal background check. Upon acceptance, you will receive training to enable you to efficiently perform your duties as a volunteer. It is expected that volunteers will comply with the hospital and department policies and guidelines.