

For Office Use Only
Volunteer #:

LEE MEMORIAL HEALTH SYSTEM

VOLUNTEER RESOURCES APPLICATION

Cape Coral Hospital

636 Del Prado Boulevard
Cape Coral, Florida 33990
Telephone: 239-424-2206
Fax: 239-424-4016

HealthPark Medical Center

9981 S. HealthPark Drive
Fort Myers, Florida 33908
Telephone: 239-343-5055
Fax: 239-343-5403

Lee Memorial Hospital

2776 Cleveland Avenue
Fort Myers, Florida 33901
Telephone: 239-343-2388
Fax: 239-343-2512

Gulf Coast Medical Center

13681 Doctor's Way
Fort Myers, Florida 33912
Telephone: 239-343-0636
Fax: 239-343-0996

PLEASE READ CAREFULLY, PRINT CLEARLY, AND ANSWER ALL QUESTIONS. THANK YOU!

At which **LEE MEMORIAL HEALTH SYSTEM** location do you prefer to volunteer?

- Cape Coral Hospital
 HealthPark Medical Center
 Lee Memorial Hospital
 Gulf Coast Medical Center
 HealthPark Care & Rehabilitation Center
 Other: _____

Available for Volunteering: Year-Round Short Term/Seasonal: (Dates) from _____ to _____

Are you currently in school? Yes No

PLEASE PRINT

Mr. Mrs. Ms. Dr. Other: _____ Date: _____

Name: _____
LAST
FIRST
MI

Preferred Name for ID Badge (if different from above): _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Email: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship: _____

Street Address (if different from above): _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Physician's Name: _____ Business Phone (____) _____

REFERENCES (Local Preferred, No Relatives):

1. Name: _____ Phone: (____) _____ E-Mail: _____

Street Address: _____

City, State, Zip: _____

2. Name: _____ Phone: (____) _____ E-Mail: _____

Street Address: _____

City, State, Zip: _____

PERSONAL INFORMATION

Birthdate: _____ - _____ - _____ Sex: Male Female

RACE/ETHNICITY (optional) – Please select one or more of the following:

- ETH1. American Indian or Alaskan Native
- ETH2. Black African American
- ETH3. Native Hawaiian or Other Pacific Islander
- ETH4. Hispanic or Latino
- ETH5. Asian
- ETH6. White (Non-Hispanic)
- ETH8. Other (Please specify): _____

Are you a U.S. Citizen? Yes No

VOLUNTEER REFERRAL METHOD

How did you first hear about the Lee Memorial Health System Volunteer Program?

- REF1. Current/ Former Volunteer – Name: _____
- REF2. Former Patient/Family Member of a Patient
- REF3. Media (please specify): _____
- REF4. SHARE Club
- REF5. Physician
- REF6. Other (please specify): _____

EDUCATION INFORMATION

IF YOU ARE YOU CURRENTLY IN SCHOOL, NAME OF COLLEGE/UNIVERSITY _____

HIGH SCHOOL GRADUATE/GED: Yes No

COLLEGE DEGREE: AA/AS BA/BS MA/MS PhD Other: _____

YEARS OF COLLEGE COMPLETED: _____ MAJOR(S): _____

NUMBER OF SERVICE HOURS NEEDED: _____

BACKGROUND INFORMATION

Have you ever been convicted of, had adjudication withheld, or pled guilty or nolo contendere (no contest) to a criminal offense (misdemeanor or felony)? (We do criminal checks. Falsification or failure to disclose this or any other information on this application is grounds for termination. A conviction does not necessarily disqualify you from volunteer service.) Yes No

If YES, please explain: _____

Have you ever been refused bond? Yes No

If YES, please explain: _____

Have you previously been an employee/volunteer for the Lee Memorial Health System? Yes No

If YES, provide dates of employment/volunteer service, location and name of supervisor: _____

WORK EXPERIENCE, SKILLS AND ACTIVITIES:

Are you currently employed? Yes No Work Schedule: _____

Retired? Yes No

Occupation/Former Occupation: _____

Work Experience: _____

Volunteer Experience/Community Affiliations: _____

What do you hope to achieve as a volunteer? _____

VOLUNTEER PREFERENCES: Patient Contact Non-Patient Contact Information/Clerical

TIMES AVAILABLE: Morning (ex. 8:00 AM-12:00 PM) Afternoon (ex. 12:00-4:00 PM) Evening (ex. 4:00-8:00 PM)

DAYS AVAILABLE: Monday Tuesday Wednesday Thursday Friday Saturday Sunday Any Day (flexible)

VOLUNTEER AREA PREFERENCE: _____

I would like to assist with Special Events (ex: fundraisers, health fairs, recruiting events): Yes No

Dear Volunteer Applicant,

Please complete the skills questionnaire which will assist us in finding a rewarding volunteer position. We will discuss which skills you prefer to utilize as a volunteer.

SKILLS

FINANCIAL	SKILL	OFFICE / CLERICAL	SKILL	OTHER SKILLS	SKILL
Accounting		Computer, Typing		Acting / Singing	
Banking		Copier, Fax, Filing, Mailing, Phone		Arts & Crafts	
Bookkeeping		Receptionist		Calligraphy	
Other:		Shorthand		Carpentry, Construction	
		Other:		Child Care	
RETAIL / BUSINESS	SKILL			Counseling	
Cashier		COMPUTERS		Driver	
Customer Relations		Microsoft Office		Educator	
Display		Microsoft Excel		Electrical	
Manager		Microsoft Word		Engineering	
Marketing		Microsoft Powerpoint		Food Services	
Sales		Microsoft Access		Fund Raising	
Other:		Networking		Gardening	
		Web Design		Human Resources	
HEALTH CARE	SKILL			Legal Service	
LPN		COMMUNICATION	SKILL	Musical Instrument	
Medical Assistant		Customer Service		Real Estate	
Medical Records		Foreign Language (Please specify: _____)			
Nurse Aide					
Physician		Photography		PAST ORGANIZATION LEADERSHIP	SKILLS
Radiology		Public Speaking		Board of Directors	
RN		Training		Chairman	
EMT, Paramedic		Writing / Publishing		Committee Member	
Other:				President	
		PATIENT CARE SERVICES	SKILL	Secretary	
PROFESSIONAL	SKILL	<i>as applicable to the hospital</i>		Treasurer	
CEO / President		Feeding Patient		Vice President	
Director		Massage / Back Rub		Other:	
Manager		Patient Transport			
Supervisor		Visiting / Listening			
Other:		Other:			

HOBBIES:

In the event of an emergency (disaster, hurricane, pandemic) would you be available to volunteer? Yes No

Preference: Child Care Customer Service Food Service Office/Clerical Patient Care

I would be interested in a Auxillary Board Leadership position. Yes No

Thank you for your time and efforts

PLEASE READ AND SIGN:

**IF ACCEPTED INTO THE LEE MEMORIAL HEALTH SYSTEM
VOLUNTEER PROGRAM, I AGREE TO:**

- Hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients and staff.
- Become familiar with LMHS' policies and procedures and uphold the Code of Excellence.
- Honor my commitment to a specific job assignment.
- Donate my services without contemplation of compensation or future employment.
- Be professional, conscientious and conduct myself with dignity, courtesy and consideration of others.
- Furnish the appropriate volunteer uniform and maintain a well-groomed appearance.
- Attend orientation and inservice training as scheduled.
- Carry out assignments in a professional manner and seek the assistance of my supervisor when necessary.
- Discuss any problems, criticism or suggestions with my service area supervisor.
- Work a specified number of hours on a schedule acceptable to LMHS.
- Adhere to the volunteer department's sign-in procedure.
- Be punctual and notify my supervisor if unable to work as scheduled and find a substitute according to the volunteer substitution policy.
- Honor the minimum commitment of volunteer service with the first 16-20 hours being a probationary period.
- I understand that the **Volunteer Resources Department** reserves the right to terminate my volunteer status as a result of (a) failure to comply with health system policies; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance, or (d) any other circumstances which, in the judgment of the department director, would make continued services as a volunteer contrary to the best interests of Lee Memorial Health System and its patients.
- I, the undersigned, consent to any (1) pre-volunteer testing/screening required by the hospital; (2) annual health testing required by Lee Memorial Health System.

I hereby certify that there are no misrepresentations concerning my personal and professional history. I am aware that mis-statements of material facts may cause me to be disqualified from holding a volunteer position in the Lee Memorial Health System. I have read each of the above conditions and agree to honor them.

Signature of Volunteer: _____ Date/Time: _____