

April 6, 2010

Dear Volunteer Applicant,

Thank you for your interest in Good Shepherd Medical Center's Volunteer Service. This packet is to provide information necessary to make a decision about a commitment to join a most successful organization and thus, help in the delivery of quality health care in this community.

We recruit and accept only those individuals who share in our mission to support the medical care givers at Good Shepherd Medical Center and who share in the belief that "the best of living, is found in giving". Our members distinguish themselves by their loyalty, caring and dedication to serving the patients, visitors and staff of the Medical Center. Volunteers at Good Shepherd Medical Center display the same professionalism in manner, appearance and skill as do licensed personnel here. Our program demands behavior of the highest moral and ethical standards simply because our patients deserve nothing but the best.

Please take a moment to consider all the information in this packet. Complete the application and return it by mail in the enclosed envelope. We will process it as soon as possible and contact you with our reply.

I look forward to the opportunity of learning more about your interest in volunteer service and telling you what we have to offer within our organization. Again, thank you for this inquiry.

Very Truly Yours,

Pat Watson  
Volunteer Coordinator  
903-315-2199

**Good Shepherd Medical Center  
Volunteer Application**

**PERSONAL DATA**

Legal Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employed By \_\_\_\_\_ Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
e-mail address \_\_\_\_\_  
Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ In case of emergency contact \_\_\_\_\_ Ph # \_\_\_\_\_

**EXPERIENCE**

Previous Work Experience \_\_\_\_\_  
\_\_\_\_\_

Are you currently volunteering at another hospital? \_\_\_\_\_ If so, where? \_\_\_\_\_  
Have you ever worked or volunteered at Good Shepherd Medical Center? \_\_\_\_\_ If so, what were your reasons for quitting?  
\_\_\_\_\_

Foreign Language(s) Spoken \_\_\_\_\_  
Special Education or training \_\_\_\_\_  
\_\_\_\_\_

Skills/Hobbies \_\_\_\_\_

Community Affiliations \_\_\_\_\_

**VOLUNTEER ASSIGNMENTS PREFERENCE**

Please share with us the reason you are applying to be a volunteer \_\_\_\_\_  
\_\_\_\_\_

Referred by \_\_\_\_\_

Personal references (please do not list relatives):

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Availability for volunteering            M    T    W    T    F    S    S

Prefer:                                    Mornings            Afternoons            Evenings

**It is our policy to consider all applications without discrimination based on race, color, age, sex, religion, disability, national origin or citizenship. After your application has been reviewed, your placement for volunteer service will be determined. Volunteers are expected to comply with the rules and regulations of the Hospital and Volunteer Services Department. The first 3 months of volunteering is considered a training and probationary period.**

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

Volunteer Services

**Good Shepherd Medical Center**  
**VOLUNTEER APPLICATION DISCLOSURE/RELEASE**

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report\* may be made in connection with your application for placement.

If you are denied placement, either wholly or partly because of information contained in a Consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procurement of a consumer report in connection with your application for placement and/or continued placement.

Today's Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Name (print): \_\_\_\_\_

Applicant's Other Last Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth+: \_\_\_\_\_

\*A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.

+For consumer report purposes only.

