



Volunteer Services
Ph: 281-348-8378
Fax: 281-348-8349

ADULT VOLUNTEER APPLICATION

Name: _____
(First Name) (Middle Initial) (Last Name)

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____

Employer: _____ Hours: _____

Work Address: _____

Work Telephone #: _____

Previous Volunteer Experience: _____

Community Affiliations: _____

Hobbies/Interests: _____

Skills: _____

Foreign Language(s) Spoken: _____

Personal References: 1) _____ Telephone #: _____

2) _____ Telephone #: _____

Please share with us the reason you are interested in being a hospital volunteer: _____

Volunteer Assignment Preference: *(Please circle day(s) and shift(s) you would like to volunteer)*

Preferred Day/Days: Monday Tuesday Wednesday Thursday Friday

Preferred Shift: Morning (8:30 am – 12:30 pm) Afternoon (12:30 pm – 4:30 pm)

In what area of the hospital are you most interested in volunteering: *(Please indicate your 1st, 2nd, & 3rd choices)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Women's Services | <input type="checkbox"/> Food & Nutrition | <input type="checkbox"/> Lab |
| <input type="checkbox"/> Mobile Hospitality Cart | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Pre Assessment | <input type="checkbox"/> Day Surgery | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cardiac Rehab *M,W,Th |
| <input type="checkbox"/> Intensive Care Unit | <input type="checkbox"/> Recovery/PACU | <input type="checkbox"/> Infection Control |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Employee Health | <input type="checkbox"/> Nursing Unit |

Are you interested in OR are you actively seeking employment? Yes _____ No _____

Are you currently a student in any educational program? Yes _____ No _____

If Yes – please indicate: College or school: _____

Major: _____ Class Schedule: _____

Have you ever been convicted of, pled guilty to, or been given deferred adjudication for a criminal offense other than minor traffic violations: Yes _____ No _____

If yes, please explain: _____

I understand and agree that a volunteer is an individual who performs hours of service for a public agency for civic, charitable or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered and those services are offered freely and without pressure or coercion. I understand that completion of this application does not guarantee acceptance as a volunteer at Kingwood Medical Center. If accepted as a volunteer at KMC, I hereby agree to comply with the ethics, rules and regulations of the hospital and to perform my duties to the best of my ability.

Signature of Applicant: _____ Date: _____

Emergency Contact: (name & phone number) _____

DO NO WRITE IN THIS AREA (for office use only)

Date Interviewed: _____ Orientation Date: _____ Start Date: _____

Department: _____ Day (s)/Shift: _____

Date Terminated: _____ Reason: _____