

VOLUNTEER SERVICES APPLICATION

Adventist Medical Center

503-251-6114

10123 SE Market St, Portland, OR 97216

Confidential Personal Information

I am an adult (18 or older) I am 17 or younger

Last Name: _____ First Name: _____

Title: Mr. Ms. Mrs. Male Female

Street Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

What do you hope to gain from your volunteer experience at Adventist Medical Center (AMC)?

Do other members of your family volunteer at AMC? Yes No

If yes, name(s): _____

Are you part of a group, school or other program that requires volunteer service hours? Yes No

Group, school or program name: _____ Hours required? _____

Please explain why volunteer hours are needed.

Do you have any physical limitations that affect your ability to perform volunteer work? Yes No

If yes, please explain: _____

PLEASE READ AND SIGN YOUR INITIALS BY EACH OF THE FOLLOWING:

_____ I hereby certify that the facts set forth on this application are true and complete, and I authorize the Volunteer Department to verify any and all of the statements that I have made. I understand this includes checking public records to determine if I have any criminal convictions.

_____ I also authorize all persons and institutions, including my previous employers and the schools that I attended, to provide AMC with any information that is requested in connection with this application. I hereby release all of these persons and institutions and AMC from any and all liability for any damages arising from the verification process.

_____ I understand that I will be completing TB testing initially (2 tests), and annually (1 test).

Applicant's Signature

Date

Parent/Guardian Signature *(if applicant is under 18)*

Date

FOR VOLUNTEER OFFICE USE ONLY

Interviewed by: _____ Date: _____

Background check date: _____ Initials: _____

Work Schedule: _____

Work Area(s): _____

Scheduling Comments: _____

Training Checklist Completed: _____

Confidentiality Form Completed: _____

(Blue) Test Questions Completed: _____

Service Description Completed: _____

TST Testing Results:

_____ 1st Test _____ 2nd Test _____ X-ray

Badge Requested: _____

Uniform Received: _____

Entered in Computer: _____