Dear Prospective Volunteer:

Thank you for your interest in Baptist Medical Center South Volunteer Program. We look forward to having members of our community join us by being an important source of help for patients, families, visitors and staff.

We ask that our volunteers commit to at least one, four-hour shift per week. The majority of our shifts are 8 am – noon and noon – 4 pm, Monday through Friday though there are a few departments whose shifts differ from that schedule. We also ask for a one year commitment to our program. If this is something that sounds of interest to you and works with your schedule, please complete the enclosed application (with complete addresses and zip codes for references) and return it at your earliest convenience. As soon as we receive your completed application, and responses from your references, we will contact you to schedule a time for you to come in so that we may meet. Once selected, a background check will be performed and we will continue with the onboarding process.

I appreciate your interest and am looking forward to meeting you and discussing your active participation in the Volunteer Program.

Please join us for a most rewarding volunteer service.

Sincerely,

Kelsey Lombardo

Kelsey Lombardo
Coordinator, Community Relations and Volunteers

Enclosures

Return application to:
Baptist Medical Center South Volunteer Program
14550 Old St. Augustine Road
Jacksonville, Fl 32258
Volunteer Application

Last Name: __________________________ First Name: __________________________ Middle Initial: ________
SS#: ______________________________ Telephone Number: _______________ Date of Birth: ___________

Spouse’s Name: ____________________________________________________________________________

Address: ______________________________________________ City/ZIP: _______________________________

Email Address: ____________________________________________________________

Present occupation: ________________________ Previous occupation (if retired): ______________________

How did you become interested in our volunteer program? _____________________________________________

Have you done volunteer work previously? ___ Yes ___ No  If yes, please describe. ________________________
_________________________________________________________________________________________

Foreign languages spoken and understood __________________________________________________________

Areas of Interest:

__ Front Desk/Ambassador ___ Surgical Services ___ Courtesy Shuttle
__ Library Services ___ Gift Shop ___ Materials Management/Receiving
__ Patient Care Areas ___ Emergency Services ___ Caring Art Program

Times Available:

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<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>Morning 8-12</td>
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<td>Afternoon 12-4</td>
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References:  Please clearly PRINT two (2) non-relative references:

1. Name ____________________________

   Would you prefer we contact via email or postal service? (circle one)

   Street address ____________________________

   City _______________ State ___________ Zip ___________ 

   Email address ____________________________

2. Name ____________________________

   Would you prefer we contact via email or postal service? (circle one)

   Street address ____________________________

   City _______________ State ___________ Zip ___________ 

   Email address ____________________________
Emergency Contact:
Name: ___________________________________________________________________________

Relationship: __________________________________ Telephone Number: __________________________

Primary Care Physician: __________________________ Telephone Number: __________________________

I hereby apply for active membership in the Volunteer Program and confirm that I am at least 18 years of age. When assigned, I agree to abide by the rules and regulations governing the organization and the medical center. Specifically, I agree to contribute a minimum of one year of service to the hospital and a minimum of one, four hour shift weekly.

_________________________               __________________
Signature of Applicant            Date

Your signature indicates your approval for us to check your references and to process a background check. The Volunteer Coordinator is not obligated to provide a placement, nor are you obligated to accept the position offered.
Background Investigation

To be considered for volunteering with Baptist Medical Center South or affiliates, applicants are subject to a background investigation with the Florida Department of Law Enforcement and other state, out-of-state, and local agencies.

Applicants are evaluated on the merits of their qualifications for positions available regardless of the individual’s race, sex, color, national origin, age, disability, religion, marital status, or status as a veteran.

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to a crime? This includes DUI or DWI, a criminal conviction, debarment, sanction, or exclusion related to Medicare, Medicaid, or any other federal or state-funded health care program(s), or ineligibility for participation in a federally or state-funded health care program. _____Yes _____No
If yes, give details (date, place, offense(s), disposition, etc.):____________________________________

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, entered a pre-trial intervention program, or have any criminal charges now pending? _____Yes _____No If yes, give details: ___________________________________

Please PRINT All Information and Sign at the Bottom

The following information is required to perform the background investigation:

First and middle names should be as it appears on your birth certificate.
In the other name field, include all last names that you have ever had.

List all states where you have resided outside of Florida within the past seven (7) years.
State(s): ____________________ County (ies): __________________________

Last Name___________________________________________ FOR EMPLOYMENT OFFICE
First Name___________________________________________ USE ONLY
Middle Name_________________________________________
FDLE
Other Name(s)________________________________________
Social Security #_______________________________________
Date of Birth/Year_____________________________________
Sex: Male ___ Female ___ Race: White ___ Black ___ Asian ___
                    Hispanic ___ Other ___
Driver License # ___________________________ State __________
Signature of Applicant ___________________________ Date __________
# Immunization History

(Please print)

Name ___________________________  Telephone ___________________________

Address ___________________________  Work Telephone ___________________________

City ___________________________  State ________   Zip ________

Your general health is:  Excellent ___   Good ___   Fair ___

Please check if you have had any of the following:

<table>
<thead>
<tr>
<th>Immunization</th>
<th>NO</th>
<th>YES (approx. date)</th>
<th>IMMUNIZATION (approx. date)</th>
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</thead>
<tbody>
<tr>
<td>Measles</td>
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<tr>
<td>Chicken Pox</td>
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<td>Mumps</td>
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<td>Tetanus</td>
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<tr>
<td>Hepatitis (specify type)</td>
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<tr>
<td>Tuberculosis (TB)</td>
<td>or</td>
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<tr>
<td>if POSITIVE TB Test provide date and results of last chest x-ray</td>
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<tr>
<td>Other</td>
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Are there any accommodations or limitations that you would like the Baptist South Volunteer Office to be aware of when assigning you to your area of volunteer service, including medical conditions that restrict your ability to hear, see, stoop, lift or push?

NO _____   YES (please specify):  __________________________________________________________

Comments:  __________________________________________________________

By signing below I verify that my responses are complete and correct.

__________________________  __________________
Signature of Applicant    Date