



Gov.  
**JUAN F. LUIS HOSPITAL  
& MEDICAL CENTER**

Volunteer Application Check List

1. Complete Application Packet **and** submit to Human Resources Office or by email to [vswanston@jflusvi.org](mailto:vswanston@jflusvi.org). **Do not mail application**
  - Application form
  - Parental consent form (if under 18 years old and/or attending high school)
  - Birth certificate
  - Picture ID
  - Social security card
  - Immunization card
  - (2) Counselor/ teacher recommendation forms (if currently attending school)
2. If selected, you must **complete** a screening interview.
3. Attend and complete a mandatory hospital orientation.
4. Schedule a time to meet with the Employee Health Nurse to review your immunization card and have a TB screening.
5. Have picture taken for hospital identification badge.

**Minimum Age:** 16 years

**Number of Hours Required:** Volunteers must commit to a **minimum of seventy-five hours** of service and a minimum of four hours of service per week is required. However the amount of hours may be subject to change depending upon the needs of the department and volunteer and with approval of the volunteer supervisor.

**Processing Required:** Prospective volunteers must complete a volunteer application which contains the names and telephone numbers of two personal references (non-relatives). High school students must submit a parental consent form, two school recommendation forms and an essay.

**Interview(s):** After completing the application process a screening interview must be scheduled with Human Resources. Applicants are reviewed and considered based on assessed skills, interests, level of demonstrated commitment and the volunteer positions available. The reference check and a criminal background check are then conducted. Upon successful completion of these checks the applicant must schedule and attend an interview with a potential supervisor.

**Health Related Documentation:** Volunteers considering serving patient care areas that were born after January 1, 1957 must provide documentation of measles/mumps/rubella (MMR) vaccination.

**Orientation & Training:** Once all interviews and paperwork have been completed the prospective volunteer must call the Human Resources Department to reserve a seat for mandatory orientation. Orientation topics include a general overview of the volunteer program, infection control policies, environmental safety, liability, age-specific competencies, patient confidentiality,



HIPPA and other hospital policies. The volunteer orientation is pre-scheduled and held sometime during regular business hours. Volunteers must complete a re-orientation and be evaluated annually to maintain an active status.

**Attendance:** Volunteers are expected to meet their commitments to their scheduled service hours. Supervisor must be notified of any absences in advance or as soon as possible. Human Resources should be notified of any extensive absences. After three consecutive unexcused absences without notification the supervisor and/or Human Resources reserve the right to terminate a volunteer. All volunteers must sign in and out when reporting for service.



Gov.  
**JUAN F. LUIS HOSPITAL**  
& MEDICAL CENTER

**Volunteer Application Form**

Date: \_\_\_\_\_

---

Last First Middle Initial

---

Current Address City State Zip Code

---

Home Telephone Cell Email Address

---

Education/Special Training Highest Grade Level Completed

---

Employers Name/School Name Occupation/Academic Major

---

Parent/Guardians Name if under 18 years old

Are you at least 18 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How did you hear about volunteering with JFL?

\_\_\_ Doctor Referral \_\_\_ Friend? \_\_\_ Employee \_\_\_ School \_\_\_ Newspaper \_\_\_ Ads \_\_\_ Walk-in

Have you ever been convicted (found guilty of a crime including probations before judgement) or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged. Yes \_\_\_ No \_\_\_



Gov.  
**JUAN F. LUIS HOSPITAL**  
& MEDICAL CENTER

If you answered YES to the question above please describe all convictions, when they occurred, the facts and circumstances involved and information pertaining to rehabilitation.

---

---

---

---

---

Volunteer Experience: List most recent service positions.

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Placement preferences: Indicate 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ choices

1. Administrative: Administrative and clerical duties
2. Non-Clinical: Clerical, running errands, answering phones
3. Pharmacy: Shelve medications, prepare and label materials and stock rotation
4. Nursing: Assist nurses, interact with patients and assist with meals and paperwork
5. Other: \_\_\_\_\_



Gov.  
**JUAN F. LUIS HOSPITAL**  
& MEDICAL CENTER

Proposed Start Date: \_\_\_\_\_

**Duration of Volunteer Services:**

One Time: \_\_\_\_\_ 1-3 Months: \_\_\_\_\_ More than 3 months: \_\_\_\_\_ On-call: \_\_\_\_\_

References: List two people other than relatives who would be willing to serve as personal references:

1.

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

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Email Address

2.

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

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Email Address

Emergency Contact. In the event of an emergency please list the person you would want notified:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Home Telephone Number Business Telephone Number Cell Phone Number



Gov.  
**JUAN F. LUIS HOSPITAL  
& MEDICAL CENTER**

**Statement of Understanding:**

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information.

I understand that I must be at least 16 years of age to volunteer at the Juan F. Luis Hospital & Medical Center and if I am under the age of 18 and/or attending high school I will need the consent of a parent or guardian.

Upon being offered a volunteer position I understand that I may be required to provide additional information pertinent to the position for which I have applied.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parental Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Gov.  
**JUAN F. LUIS HOSPITAL**  
& MEDICAL CENTER

**(For Student Volunteers ONLY)**

**Parental Consent Form**

Dear Parent or Guardian:

In order for your child to apply for a volunteer position with the Juan F. Luis Hospital & Medical Center we need your consent and involvement in helping your child have a productive experience. Please carefully read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer.

Name of prospective volunteer: \_\_\_\_\_

- I understand that my child (name above) wishes to be considered for a volunteer placement and I hereby give my permission for him/her to serve in that capacity, if accepted by the Juan F. Luis Hospital & Medical Center.
- I understand that my child must be at least **16 years of age** to volunteer.
- I understand that my child will not receive any monetary compensation for the services contributed.
- I understand that my child will be provided with the orientation and training necessary for the safe and responsible performance of the duties assigned. He/she will be expected to meet all the requirements of the position including regular attendance and adherence to the hospital and its department policies and procedures.
- I understand that my child will be provided emergency medical care if injured while he/she **is on duty** as a volunteer.
- I authorize the release of educational recommendations from my child's school to the Juan F. Luis Hospital & Medical Center.

Parent/Guardian's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Gov.  
**JUAN F. LUIS HOSPITAL**  
& MEDICAL CENTER

## Recommendation Form (For Student Volunteers ONLY)

Volunteer's Name: \_\_\_\_\_

**Parental Consent:** I authorize the release of information from my son/daughter's school records to the Juan F. Luis Hospital & Medical Center

Parental Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Counselor or Teacher:

A student applying for volunteer service must have a recommendation from a school representative. Your evaluation and comments are appreciated. The information you provide may be used by a potential supervisor. You may give the student the evaluations in a sealed envelope with your signature across the flap.

	Excellent	Good	Average	Below Average
Attendance				
Courtesy				
Dependability				
Initiative				
Scholastic Record				
Willingness				

Comments:

---

---

---

---

Name (Print): \_\_\_\_\_ School: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_