CEDAR PARK REGIONAL MEDICAL CENTER
Volunteer Services

Volunteering with Cedar Park Regional Medical Center

Thank you for your interest in volunteering at Cedar Park Regional Medical Center!

Volunteers have played a critical role in hospitals for centuries. They supplement the services hospital staff provides to patients, their families, and guests. Additionally, they play an important role in patient satisfaction and add a special dimension of personal service and care. Volunteering can provide new friendships, as well as a source of pride, enjoyment and challenge.

We appreciate, respect and believe in the need for volunteer services.

Thank you for your interest!

The Volunteer Services Department at Cedar Park Regional Medical Center

1401 Medical Parkway, Cedar Park, TX 78613

Office: 512-528-7119

(Revised January 2018)

Volunteer Services Application

CONFIDENTIAL

PERSONAL INFORMATION *(Please print CLEARLY)* Date _____

First _____ Middle _____ Last _____

Date of Birth _____ Social Security # _____

Driver's License # _____ Photo Copy Attached [ ] Yes [ ] No

Email (required) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Do you speak any foreign languages? ____ If **yes**, please list _____

EMERGENCY INFORMATION

Emergency Contact _____

Relationship to you _____ Home Phone _____

Work Phone _____ Cell Phone _____

QUESIONNAIRE *(Please use the back side of the form for additional space if needed.)*

1. Why are you interested in volunteering at CPRMC? _____

_____

_____

2. How did you hear about our volunteer program? _____

_____

3. Are you currently seeking a SHORT TERM volunteer experience to fulfill a community service or educational obligation (i.e. church, school)? No [ ] Yes [ ]

If **yes**, please explain _____

_____

4. Do you require any accommodations to perform the duties of a volunteer?

No [ ] Yes [ ] If **yes**, please explain _____

_____

5. Are you currently employed? No [ ] Yes [ ] If **yes**, where?_____

6. Are you currently seeking employment? No [ ] Yes [ ]

7. Have you ever volunteered for an organization before? No [ ] Yes [ ] If **yes**, where? Tell us about it! _____

_____

8. What do you enjoy doing in your spare time? (Hobbies, special interests, etc.)

_____

_____

9. Have you been convicted of a felony in the last 7 years? Yes [ ] No [ ]

10. Have you been convicted of a misdemeanor in the last 3 years? Yes [ ] No [ ]

If 'Yes' to either question, please explain, including any charges pending: _____

_____

_____

EDUCATION *(Check highest level)*

High School: 9 [ ] 10 [ ] 11 [ ] 12 [ ] GED [ ]

Name & State _____

College: 1 [ ] 2 [ ] 3 [ ] 4 [ ] Graduate School 1 [ ] 2 [ ] 3 [ ] 4 [ ]

Degree/Major _____

WORK EXPERIENCE:

Last Place of Work, if any: _____

Address _____Phone _____

Position _____Supervisor's Name: _____

Have you ever worked at a hospital? No [ ] Yes [ ] If *yes*, please explain: _____

_____

REFERENCES:

Please include persons other than relatives who have known you at least 2 years:

Reference 1 Name: _____Phone: _____

Relationship to you: _____ Occupation: _____

Address: _____ City: _____State: ___ Zip: _____

Reference 2 Name: _____Phone: _____

Relationship to you: _____Business Name: _____

Address: _____ City: _____State: ___ Zip: _____

Most services require a 4-hour shift, although other arrangements may be made as needed.

What days are you available for volunteering? *(Please circle all that apply)*

Monday Tuesday Wednesday Thursday Friday

What hours are you available for volunteering? *(Please circle all that apply)*

Morning (8a - 1p) Afternoon (1p - 5p)

How many service shifts a week would you like to volunteer? *(Please circle one)*

1 (4hrs) 1 – 2 (4 – 8hrs) 2 – 3 (8 – 12hrs) 3 – 4 (12 – 16hrs)

Certification and Authorization

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of the Hospital.

I authorize the Hospital to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Printed Name: _____

Signature: _____

Date: _____

Please return your completed application, with a copy of your driver's license or other legal identification card, to the Volunteer Services Office or mail to:

Cedar Park Regional Medical Center
Attn: Volunteer Services Dept.
1401 Medical Parkway
Cedar Park, TX 78613

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