

**HILLCREST BAPTIST MEDICAL CENTER
COLLEGE VOLUNTEER APPLICATION**

PERSONAL DATA

NAME _____ HOME PHONE _____
CELL PHONE _____ EMAIL _____
ADDRESS _____ CITY _____ ZIP _____
TEXAS RESIDENCE SINCE _____ BIRTHDATE: MO _____ DAY _____ YR _____
PERSON TO NOTIFY IN CASE OF EMERGENCY _____
RELATIONSHIP _____ PHONE _____
ANY INFORMATION YOU WISH TO SHARE SHOULD A MEDICAL EMERGENCY ARISE (ALLERGIES, MEDICATIONS, ETC.)

PERSONAL PHYSICIAN _____ PHONE _____

EXPERIENCE

DO YOU HAVE ANY PREVIOUS VOLUNTEER EXPERIENCE? _____
EDUCATION/ SKILLS _____
WHERE DO YOU ATTEND? BAYLOR ___ MCC ___ TSTC ___ OTHER ___ CLASSIFICATION _____
FOREIGN LANGUAGE(S) SPOKEN _____
COMMUNITY AFFILIATIONS _____
FRIENDS/ RELATIVES EMPLOYED BY HILLCREST ___ Y ___ N WHO? _____
IF REFERRED, BY WHOM? _____
HAVE YOU EVER BEEN CONVICTED OF, BEEN GIVEN PROBATION OR DEFERRED ADJUDICATION IN LIEU OF SENTENCING,
OR PLED NO CONTEST FOR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO
IF YES, PLEASE EXPLAIN: _____

ARE YOU CHARGED WITH ANY UNRESOLVED OR PENDING CRIMINAL CHARGE? (ARE YOU CHARGED WITH A CRIME THAT
HAS NOT YET RESULTED IN A PLEA OF GUILTY, COURT TRIAL, DEFERRED ADJUDICATION OR DROPPING OF THE CHARGE)?
YES NO
IF YES, PLEASE EXPLAIN: _____

PLACEMENT PREFERENCE

AREAS OF PARTICULAR INTEREST _____
INTERESTS: ___ PRE-MED ___ NURSING ___ OTHER MEDICAL INTERESTS: _____
PREFERRED SHIFT: 9A-1P ___ 1P-5P ___ DAYS OF WEEK _____ OTHER _____

In compliance with the Medical Center's policy, the following immunizations must be up to date and a copy of your immunization records. A Volunteer Release Form is also required. All volunteers must complete an in-service covering hospital policies and procedures, ethics, and protocol. The designated volunteer uniform is available for purchase from the Volunteer Office unless a particular uniform is provided by the department in which the volunteer is placed. Photo name badges complete the uniform.

ALL INFORMATION PROVIDED IS COMPLETE AND ACCURATE. I UNDERSTAND AND ACCEPT THE POLICIES AS STIPULATED ABOVE.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY: DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____ EXT: _____