



San Angelo
Community Medical Center™

AUXILIARY

APPLICATION FOR VOLUNTEER SERVICE

Thank you for your inquiry regarding volunteer service with *San Angelo* Medical Center of San Angelo Auxiliary and Department of Volunteer Services.

San Angelo Community Medical Center has volunteers working in a variety of service areas to assist families, patients, and the community of San Angelo. The department's primary purpose is to specialize in services that add to the comfort, care, and happiness of patients and families.

Some of the services provided by volunteers involve direct patient contact. Other services provide assistance to the patient's family and visitors. Volunteers serve primarily on the Care Team, in the Gift Shop, Intensive Care Waiting Area, at Main Information, South Information, and/or Surgery Waiting. They provide services in other areas as requested and appropriate. Volunteer opportunities are available to meet most schedules and time commitments.

Anyone interested in joining the *San Angelo* Community Medical Center Auxiliary is invited to make application with the Director of Volunteer Services. At that time, you will be given more specific information about the functions of the volunteers and how you might contribute your talents.

TO APPLY TO BECOME A VOLUNTEER WITH *San Angelo* COMMUNITY MEDICAL CENTER AUXILIARY:

1. Complete a volunteer application and return to the Director of Volunteer Services.
2. Arrange for a confidential interview with the Director of Volunteer Services.
3. Upon acceptance in the program, you will:
 - Attend a general orientation of the hospital and Auxiliary which is scheduled by the Department of Volunteer Services.
 - Receive and have interpreted an initial TB screening test. which is provided to you free of charge. (EXCEPTION: Pregnancy)
 - Purchase the designated uniform and wear when on duty. Volunteers are also expected to adhere to the hospital dress code.
 - Fulfill training requirements as outlined by the Volunteer Department.
 - Support the regulations, missions, and goals of the *San Angelo* Community Medical Center and the Auxiliary.

APPLICATION FOR VOLUNTEER SERVICE

Name:

Last	First	Middle
------	-------	--------

Mailing Address

Number, Street or P.O. Box	City	State	Zip
----------------------------	------	-------	-----

Email Address _____

Home Phone _____ Cell Phone _____

Social Security # _____

Date of Birth _____

Are you related to any employee of the hospital? _____ If yes, state name(s) and position(s)

Are you currently employed? _____ If yes, where?

Are you currently seeking employment? _____

Previous Employer(s)

Company	Supervisor
---------	------------

Company	Supervisor
---------	------------

Do you require any accommodations to perform the duties of a volunteer? _____
If yes, please explain:

Have you been convicted of a felony in the last seven years? _____ If yes, please explain

can

Do you have any charges pending? _____ If yes, please explain:

REFERENCES:

Please list two references of persons other than relatives who have known you at least 1 year:

Name Entire Address Telephone Occupation

EDUCATION:

High School graduate _____ yes _____ no If yes, where _____

Under graduate: _____ yes _____ no If yes where and area of study:

Graduate school: _____ yes _____ no If yes, where and area of study:

Professional/Technical: _____ yes _____ no If yes, where and area of study:

How did you learn about volunteering at this facility?

Why are you interested in volunteering here?

Have you volunteered in any previous capacity: _____ yes _____ no

Explain:
