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, noon – 4 pm, or 4 – 8 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 sounds like 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, responses from your references, and a background check we will contact you to schedule a time for you to come in so that we may meet.

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,

Christine G. Johnson
Assistant Administrator, Human Resources, 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: ________________________________ Initial: ________
SS#: _______________________________ Telephone Number: ________________ Date of Birth: ___________
Spouse’s Name: _______________________________________________________________________________
Address: ______________________________________________City/ZIP: _______________________________
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

Times Available:

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning 8-12</td>
<td></td>
<td></td>
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<tr>
<td>Afternoon 12-4</td>
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<tr>
<td>Evenings 4-8</td>
<td></td>
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<td></td>
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<td>N/A</td>
<td>N/A</td>
<td></td>
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</tbody>
</table>

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_________________________________________
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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<tr>
<td>Mumps</td>
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<tr>
<td>Tetanus</td>
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<tr>
<td>Hepatitis (specify type)</td>
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<tr>
<td>Tuberculosis (TB)</td>
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<tr>
<td>or 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