



Holy Cross Volunteer Application Form

Thank you for considering volunteer opportunities at Holy Cross Hospital. Please be aware there are US Government regulations that apply to volunteering in a Health Care Organization.

What can you expect after we receive your completed application:

- You will be contacted when completed application is received by our office.
- The Interview usually lasts an hour and a half. (1- 1/2hours)
- You will be taken for your first of two TB tests (at no charge to you).
- Background checks are sent for all adults.
(Results are usually received back in 2 weeks)
- When all your clearances have been received (***both*** TB tests and adult background check) you will be contacted for your final meeting which lasts about an hour.

Mandatory compliance for volunteering at Holy Cross Hospital:

- ✓ ***Two initial*** TB screenings and verifications (done a week apart)
- ✓ Annual TB screening (usually done in your birth month)
- ✓ Satisfactorily completing an Enrichment test
- ✓ Annual Enrichment Test (usually administered 1st Quarter)
- ✓ Annual Flu Vaccine prior to flu season (December 1st – March 31st)

Please complete this application if you are interested in becoming a Holy Cross Hospital Volunteer

Please return your completed application to:

Email: Christina.Turner@holy-cross.com

Mail: Holy Cross Hospital Attn: Volunteer Services
4725 North Federal Highway Fort Lauderdale, FL 33308
Fax: 954-351-5897

Note: Holy Cross Hospital Volunteer Program is NOT for Court Appointed Hours

**Thank you for choosing Holy Cross Hospital,
where rewarding volunteer experiences await you.**

* Required Fields

All Applicants must complete this page

Name and Address:

Last Name*

First Name*

Street Address*

Apt

City*

State*

Zip*

Home Phone

Cell Phone

Email Address

Emergency Contact Name*

Relationship*

Emergency Contact Number*

Interview Date: _____

No SHOW Not Accepted

CM Date: _____

Assignment(s) _____

M T W T F S S

Time(s) _____

Super. Name/Number _____

Checklist	Yes	NO
PPD 1	<input type="checkbox"/>	<input type="checkbox"/>
PPD2	<input type="checkbox"/>	<input type="checkbox"/>
Background Cleared	<input type="checkbox"/>	<input type="checkbox"/>
Enrichment	<input type="checkbox"/>	<input type="checkbox"/>
ID Badge	<input type="checkbox"/>	<input type="checkbox"/>
Parking Pass	<input type="checkbox"/>	<input type="checkbox"/>
Start Date	_____	
Pin	_____	

OFFICE USE

Profile:

Gender* Male Female

Date of Birth*

Social Security*

Driver License Number

State Issued License Tag

Auto Make/Model

Office Use

All Applicants must complete this page

Physical Considerations: Please describe any limitations or concerns

Availability:

Available Date

Available all year

Seasonal Months *available*:

Available Days: Monday__ Tuesday__ Wednesday__ Thursday__ Friday__ Saturday__ Sunday__

Available Schedule: Morning Afternoon Evenings

General Information

Are you a college student? Yes No Name of School you attend: _____

Have you ever been convicted of a felony, pleaded no contest to a felony, or been found guilty of a felony. Include all instances even if adjudication was withheld.

No Yes

If YES, give dates and details:

HireRight, Inc Disclosure / Authorization I Release of Information

Applicant Name

First Name	
Middle Name	
Last Name	
Suffix	
Other First Name	
Other Last Name	

Applicant Contact Information

Country	
Street Address	
City	
State	
Zip Code	
Dates Of Residency (Month / Year) <i>CURRENT ADDRESS</i>	
Phone	
E-mail	

Applicant Identification

Date of Birth	
Re-Enter Date of Birth	
Social Security Number	
Gender	



**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION
FOR EMPLOYMENT PURPOSES**

Holy Cross Hospital, Inc. may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment or application for employment (including independent contractor or *volunteer* assignments, as applicable).

HireRight, Inc. (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Holy Cross Hospital Inc. to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____ Date _____

"INVESTIGATION FOR EMPLOYMENT (VOLUNTEER) PURPOSES"

Volunteer Service Application Certification

Please read carefully before acknowledging.

VOLUNTEER SERVICE APPLICATION CERTIFICATION

I certify that this application was completed by me and that all statements made by me are true, correct and complete. I understand that false or misleading information may jeopardize my opportunities for volunteer service or, if selected, may be reason for termination of service. While this application will be given every consideration, its receipt does not imply or guarantee that I will be selected. If selected, in consideration of my volunteer service placement, I agree to adhere to the policies and procedures of Holy Cross Hospital. I understand that volunteer service is for an indefinite duration and is terminable at will by either the Hospital or myself and that this application does not constitute a contract for volunteer service. I further understand that any offer of volunteer service placement tendered as a result of this application may be contingent upon the following: a test for the illegal use of drugs, a fitness-for-duty assessment, previous employment and/or volunteer service history, felony conviction history, and personal references. By signing this application, I authorize Holy Cross Hospital and its agents to investigate information I have given in this application or during the interview process and to conduct a background investigation. I hereby release Holy Cross Hospital, its officers, agents, trustees or employees, and any person or agent supplying information, from any claims and liability relating to or arising out of the aforementioned investigation. This application when completed and signed becomes the property of Holy Cross Hospital.

I agree

Best way to contact you regarding this application:

E-Mail Address:

Phone Number

:

You will be contacted within a week of receipt of this application.

Email this completed application back to: Christina.Turner@holy-cross.com