



Auxiliary/Volunteer Application

Name: _____

Street Address: _____

Date of Birth: _____

City: _____

Middle Initial: _____ Gender: _____

Zip: _____

Social Security #: _____

Northern Address (if appl.): _____

Phone # to contact you: _____

City/State/Zip: _____

Email Address: _____

College Degree: _____

High School Grade: _____

Previous Work Experience: _____

Volunteering Experience: _____

Special Training: _____

Have you ever pled guilty to or been convicted of ANY CRIMINAL OFFENSE (misdemeanors or felony), other than parking tickets?

Yes ___ No ___ If yes, please explain: _____

(Conviction of a crime is not an automatic bar to consideration for volunteer)

Have you ever pled *nolo contendere* (no contest) to any criminal offense (misdemeanor or felony) other than parking tickets? Yes ___ No ___

Have you ever been convicted of any criminal offense (misdemeanor or felony) other than parking tickets? Yes ___ No ___

Have you ever been a defendant in a civil action or intentional tort? Yes ___ No ___

If so, what is the nature of the intentional tort and disposition of the action? _____

Will you work weekends? _____ Do you prefer mornings or afternoons? _____

Do you prefer any specific day? _____

Physical Limitations: _____

If you have epilepsy, diabetes, allergy, heart condition, etc., and /or are taking special medication for any condition, it is important that you advise us so that in the event of an emergency resulting from your illness, medical personnel can provide proper treatment. This information will at all times remain confidential, except where it affects your ability to receive medical attention.

In case of an emergency, notify: _____

Relationship: _____ Phone: _____

Family Physician: _____ Phone #: _____

Skills and Hobbies: _____

*All volunteers automatically are members of the Hospital Dade City/Zephyrhills' Auxiliary
(Auxiliary will be explained at orientation)*

7050 Gall Boulevard, Zephyrhills, FL 33541 | (813) 779-6256 | FAX: (813) 783-6108



Please provide two references (i.e., Church member, school teacher, a neighbor — not a relative):

Name: _____

Phone No: _____

Address: _____

City/State/Zip: _____

Name: _____

Phone No:_____

Address: _____

City/State/Zip: _____

^o Dade City/Zephyrhills reserves the right to select only those volunteer applicants who successfully complete all requirements and pass all required backgrounds checks.

° ŸŹı̇ ªºŲı̇ Šˆº¤ Dade City/Zephyrhills does not employ those individuals who test positive for nicotine. This policy includes hospital staff applicants, agency, volunteers, traveler and contracted staff that seek to work at or for ° ŸŹı̇ ªºŲı̇ Šˆº¤ Dade City/Zephyrhills.

I agree to perform my duties as a volunteer at ° Ÿ; ºŒ; š° º Dade City/Zephyrhills in accordance with the rules and regulations supplied by ° Ÿ; ºŒ; š° º Dade City/Zephyrhills Volunteer Services Department.

Signature:_____

Date: _____

If applicant is a minor:

Parent/Guardian:_____

Date: _____