



Volunteer Applicant Information

Name _____ Date _____

1. Why do you want to volunteer? _____

2. TEENS: Where do you go to school? _____

3. Are you in Florida year around? _____
4. How did you hear about our volunteer program? _____

5. Have you volunteered before? If so, where? _____

6. What did you enjoy most about your volunteer experience? _____

7. What are your expectations for volunteering here (both from the volunteer services staff as well as the team members you may be working with during your assignment)? _____

8. Have you had any experience in a hospital setting (either as a patient or in a work setting)? _____
9. Describe a specific occasion when you conformed to a policy even though you did not agree with it or adapted to changes in situations, directions, or people. What was the situation and what did you do? _____

10. Describe a time when you were asked a question and you did not know the answer. What was your reaction? What did you say? _____

11. Describe a time when you were faced with a difficult situation and how you dealt with it. _____

12. Do you speak any other languages or have any special skills you would like to share? _____

13. What other commitments do you have such as work, classes, etc.? _____

14. On a scale of 1 to 10, describe your level of commitment to volunteering. Tell me why. _____

15. In accordance with our guidelines, will you commit to volunteer a specific one four-hour shift a week? _____

Will you commit to volunteering for AdventHealth Dade City or AdventHealth Zephyrhills 100 or more hours?

Comments: _____

Applicants Signature _____

Interviewed by: _____