

Special Skills or Qualifications

Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

General Information

Have you ever been on probation, received deferred adjudication or been convicted of a misdemeanor or felony? Yes No

Have you been released from confinement following a conviction for any criminal offense? Yes No

Are you presently charged with any violation of the law? Yes No
If yes to any of the preceding 3 questions, please explain details and dates:

Are you fluent in a second language? Yes No If so, what language?

Do you have a special talent we might use, such as drawing, making posters, scrap booking, craft work, typing, ability to use the computer, photography or decorating ideas?

Please give us a short biography (anything you might think is of interest).

Emergency Contact

Name:

Address:

City/State/Zip Code:

Home Number:

Work Number:

Relationship to you:

Family Physician/Phone:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer with CHI St. Luke's Health Brazosport, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I have read the General Guidelines for Volunteers as printed in the handbook and will perform them faithfully to the best of my ability.

Name (printed): _____

Signature: _____

Date: _____

Thank you for completing this application form and for your interest in volunteering here at CHI St. Luke's Health Brazosport. We hope you enjoy your volunteer experience.
If mailing this application, please mail it to:

CHI St. Luke's Health Brazosport Volunteers
Attention: Membership Chairman
100 Medical Drive
Lake Jackson, TX 77566

For office use only:

Dues/Assignment/Area Training Dates/Orientation Date

Dues are five dollars (\$5.00) annually for Adult Volunteers and are due with completed application.

Dues paid: _____ Date: _____

Assignment: _____

Area Training Dates:

1. _____

2. _____

3. _____

Hospital Orientation Date: _____

Area Chairperson Trainer: _____

CHI St. Luke's Health Brazosport Volunteers Consent Form for Drug Screen

Name: _____ Social Security # : _____

I hereby consent to authorize CHI St. Luke's Health Brazosport to collect a specimen of my hair, blood and/or urine and submit it for volunteering, random, work injury or reasonable suspicion drug testing to screen for substance abuse. I further consent to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, CHI St. Luke's Health Brazosport. I realize that, if I do not pass the standards established, I will be disqualified as an applicant or be subject to corrective action which may include separation of employment.

In consideration for such services being rendered on my behalf, I hereby release the laboratory testing service, its officers, agents and employees from any and all claims which I might otherwise have due to such results being so available. I hereby consent not to file any action at law or in equity against CHI St. Luke's Health Brazosport, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available. I hereby agree to indemnify and save harmless CHI St. Luke's Health Brazosport, the laboratory testing service, their respective officers, agents or employees from all damages, expenses, reasonable attorney's fees and costs of court which they or any of them may suffer or incur, jointly or severally, due to the result of such screen being made so available.

I understand that I may be required to provide medical verification and additional information regarding prescribed medications should they affect the test results.

I authorize release of post-accident results to the Hospital's Worker's Compensation carrier, if applicable.

Signature of Applicant/Volunteer: _____ Date: _____