



Jupiter Medical Center Auxiliary Volunteer Application

Last name: _____ First name: _____ Middle initial: _____

Preferred first name on ID badge: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home phone: () _____ Cell Phone: () _____

☐ Year-round resident ☐ Seasonal resident If seasonal, list months available: _____

Educational background: ☐ High School ☐ Bachelor's ☐ Master's ☐ Doctorate

If you are currently a college or university student, give name of school and course of study:

Work Experience/Professional Skills (*summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities*):

Volunteer Experience/Community Affiliations (*summarize your previous volunteer experience*):

Personal Reference (*other than family*)

Name: _____ Relation to you: _____

Address: _____ Home phone: () _____

Person to notify in case of an emergency:

Name: _____ Address: _____

Home phone: () _____ Cell phone: () _____

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| ☐ Weekday mornings _____ | ☐ Weekend mornings _____ |
| ☐ Weekday afternoons _____ | ☐ Weekend afternoons _____ |
| ☐ Weekday evenings _____ | ☐ Weekend evenings _____ |

Interests

- | | | | | |
|---|--------------------------------------|--|--|--|
| ☐ Greeter | ☐ Escort Desk | ☐ Clinical Area | ☐ Surgical Lounge | ☐ Pastoral Care |
| ☐ Cancer Institute | ☐ Clerical | ☐ Thrift Shop | ☐ Gift Shop | |
| ☐ Other: _____ | | | | |

Limitations *(Please list any physical, medical, or personal conditions that might limit your ability to work in certain volunteer assignments):*

How did you first hear about the Jupiter Medical Center Auxiliary?

- ☐ Former patient/family member of a patient
- ☐ Current/former volunteer (*print name*): _____
- ☐ Media (*please specify*): _____ Other: _____

What are your reasons for volunteering at Jupiter Medical Center?

I understand that by submitting this application I affirm that the facts set forth in it are true and complete. I understand and agree that any misrepresentation or omission of fact in this application may result in dismissal from the Jupiter Medical Center Auxiliary, regardless of the time of discovery. I also agree and understand that my volunteer placement is contingent upon satisfactory completion of all of the following: tuberculosis testing, background investigation, training and approval by the Auxiliary Board of Directors. I understand that my volunteer placement is not for any definite period of time and that my volunteer placement may be terminated at any time by myself or by the Jupiter Medical Center Auxiliary for any reason or for no reason.

The volunteer program at Jupiter Medical Center does not discriminate on the basis of race, color, age, gender, sexual orientation, national origin, religion, or disability in the selection and placement of volunteers. Volunteers are placed according to their interests as they match the needs of Jupiter Medical Center.

Applicant's Signature: _____

Date: _____