



## Palms West Hospital Volunteer Program

Thank you for your interest in volunteering with Palms West Hospital! We welcome and appreciate your desire to serve as a volunteer with us. As part of our volunteer team, you may choose from a variety of assignments, ranging from staffing the information desk to working in patient care areas.

### What do you need to submit:

1. Application
2. Two (2) Personal References (e.g. *references can be from friend, co-worker, neighbor, etc (not family member)*)
3. Two background check consent forms – two background check forms
4. Background checks forms(s) require:  
***Social security number; A picture ID, or a Florida ID attached to the background form***
5. Proof of current vaccines (flu vaccine is required during flu season in order to volunteer)

### Once application packet is submitted to Human Resources, the Hospital may perform the following:

- Short interview
- Background check
- Meeting with Palms West Health Nurse
  - PPD TB skin test screening and ensure all vaccines are current

### Finally, as a volunteer you must:

- Attend a Monday Hospital Orientation - *upcoming orientation dates will be provided at the time of interview*
- We ask that you make a minimum commitment to volunteer 4 hours weekly for a full calendar year (12 months).
- Volunteer shifts are available 7 days/week during these times:
  - a. 8:00am to Noon.
  - b. Noon to 4:00pm.
  - c. 4:00pm to 8:00pm.

**Note:** We do not accept individuals required to perform court-ordered community service volunteer hours.

Sincerely,

Marcy Mills-Matthews

Director Human Resources/Volunteer Services/Employee Health

# Volunteer Application

Volunteer Services/Human Resources Department

Monday - Friday: 8am - 4:30pm

Palms West Hospital \*13001 Southern Boulevard \*Loxahatchee, Florida 33470 \*

561-753-4216

\*Volunteers must be at least 18 years of age and graduated from High School. If under the age of 18 and still in high school, please complete a Volunteer application packet\*

**Please Print:**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ FL Zip: \_\_\_\_\_

Present Age: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ (min. age 18 years old and High School Graduate)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Previous Occupation: \_\_\_\_\_

***(Circle which applies):***

**Days of the week you can volunteer:** M/T/W/TH/FR/Sat/Sun **Shift:** 8am-Noon; Noon- 4pm; 4pm-8pm,

\*How did you hear about our Volunteer Program: \_\_\_\_\_ (\*If by a current volunteer list their name)

**In case of an Emergency Notify:** \_\_\_\_\_ Phone: \_\_\_\_\_

Name

\_\_\_\_\_ Phone: \_\_\_\_\_

Relationship

Special skills/training: \_\_\_\_\_ (i.e. CPR, etc)

Please explain why you are interested in volunteering with Palms West Hospital?

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Uniform Size:** \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL



**VOLUNTEER SERVICES REFERENCE VERIFICATION REQUEST**

\_\_\_\_\_ has applied for a volunteer position at Palms West Hospital. We would appreciate your cooperation in checking the appropriate spaces below as they pertain to this applicant. The applicant has given us your name, but feel free to call and verify his or her approval for release of information. Please return this form within one week of receipt. All information contained herein is strictly confidential. The applicant's file is incomplete without verified references. Thanking you in advance for your anticipated cooperation.

Number of years you have known the applicant: \_\_\_\_\_

Relationship to applicant:  Friend  Employer  Neighbor  
 Other: \_\_\_\_\_

Characteristics	Did not meet expectations	Met Expectations	Exceeded Expectations
Ability to work with others			
Cooperation			
Dependability			
Initiative			
Quality of work			
Attendance			
Judgment/Decision-Making			
Leadership			
Confidentiality			
Commitment			

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Print:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_, FL ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

Please return form to:  
Volunteer Services  
Palms West Hospital  
130001 Southern Blvd.  
Loxahatchee, FL 33470



**VOLUNTEER SERVICES REFERENCE VERIFICATION REQUEST**

\_\_\_\_\_ has applied for a volunteer position at Palms West Hospital. We would appreciate your cooperation in checking the appropriate spaces below as they pertain to this applicant. The applicant has given us your name, but feel free to call and verify his or her approval for release of information. Please return this form within one week of receipt. All information contained herein is strictly confidential. The applicant's file is incomplete without verified references. Thanking you in advance for your anticipated cooperation.

Number of years you have known the applicant: \_\_\_\_\_

Relationship to applicant:  Friend  Employer  Neighbor  
 Other: \_\_\_\_\_

Characteristics	Did not meet expectations	Met Expectations	Exceeded Expectations
Ability to work with others			
Cooperation			
Dependability			
Initiative			
Quality of work			
Attendance			
Judgment/Decision-Making			
Leadership			
Confidentiality			
Commitment			

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Print:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_, FL ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

Please return form to:  
Volunteer Services  
Palms West Hospital  
130001 Southern Blvd.  
Loxahatchee, FL 33470

# PALMS WEST HOSPITAL – VOLUNTEER #11170

## VOLUNTEER INFORMATION

**FULL NAME** \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Email address: \_\_\_\_\_ (Provide if you prefer to receive information via email)

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License State \_\_\_\_\_ No. \_\_\_\_\_

Have you ever been convicted of a crime? \* Yes  No

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

\*To disclose additional criminal history, please provide those details on a separate sheet of paper and attach it to this form.

Please provide all locations where you have resided for the past seven (7) years, starting with your current residence.

	City	State	Dates	From:	To:
1.	_____	/	_____	_____	_____
2.	_____	/	_____	_____	_____
3.	_____	/	_____	_____	_____

### STATE LAW NOTICES

**Minnesota** applicants or employees only: You have the right to request in writing from PreCheck, Inc., a complete and accurate written disclosure of the nature and scope of the report(s) requested by the Company. Place an X here \_\_\_\_\_ for a disclosure to be sent to you.

**Oklahoma** applicants or employees only: Mark an X here \_\_\_\_\_ for a free copy of a consumer report if one is obtained by the Company.

**California** applicants or employees only: Please mark this field \_\_\_\_\_ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**California** applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. \_\_\_\_\_

**New York** applicants or employees only: If an investigative consumer report has been requested by the Company, the name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document. You have the right to inspect and receive a copy of the investigative consumer report by directly contacting the consumer reporting agency, PreCheck, Inc. In connection with the Company's request for the preparation of a consumer report or investigative consumer report about you, the Company has provided you with a copy of Article 23-A of the New York Correction Law. Please mark this field to acknowledge receipt of a copy of Article 23-A: \_\_\_\_\_.

**Maine** applicants or employees only: If you are applying for a position in the State of Maine, you may request and promptly receive from the consumer reporting agency copies of all investigative consumer reports about you requested by the Company. The name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document.

**Massachusetts** applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**Washington State** applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

**PALMS WEST HOSPITAL – VOLUNTEER #11170  
VOLUNTEER DISCLOSURE & AUTHORIZATION**

FULL NAME \_\_\_\_\_

Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License State: \_\_\_\_\_ DL Number: \_\_\_\_\_

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Palms West Hospital - Volunteer** ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Nevada Private Investigator License # 1618

Ver. 0913

[www.PreCheck.com](http://www.PreCheck.com)

[info@precheck.com](mailto:info@precheck.com)

ph: 800-999-9861

fax: (800) 207-2778