



Medical City
Dallas



Medical City
Children's Hospital

Application for Adult Volunteer Services

Title _____ First Name _____ M.I. _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Birthday (Month/Day/Year): _____

Home Phone: _____ Cell Phone: _____ Other: _____

Education (check one): K-12 Undergraduate Degree Graduate Degree PHD

University attending: _____ Major(s): _____

Expected Graduation Date: _____

Current/Last Employer: _____ Job Title: _____

Current/Last Managers Name: _____ Employer Phone: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: Start (mm/yyyy): _____ Ended (mm/yyyy): _____

Previous volunteer experience: _____

Foreign language(s) spoken: _____

Special education, training, skills (including computer), and interests: _____

Please list two personal references (other than relatives):

Name & Phone # _____

Name & Phone # _____

Emergency Contact Name & Phone # _____

How did you find out about our volunteer program?: _____

Reason for volunteering: _____

Please circle the times/days you would be available: Mornings / Afternoons / Evenings

Mon Tues Wed Thurs Fri Sat Sun

I agree to give regular and dependable service to Medical City Dallas Hospital.

Signature _____

Date _____



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Adult Volunteer Applicant Health Profile Form

Name: _____
(Last) (First) (Middle) (Nickname)

Address: _____
(Number and Street) (City, State, Zip Code) (Phone)

The following information is needed in case you are stricken with a sudden medical emergency while on duty, not to determine eligibility for volunteering. This information will be kept confidential.

Name of Physician: _____ Telephone #: _____

Do you have any chronic health problems, e.g. diabetes, high blood pressure, etc.? YES ___ NO ___

If yes, please explain: _____

If asked, will you obtain a statement of health from your physician? YES ___ NO ___

Are you allergic to any drugs? YES ___ NO ___

If yes, what drugs? _____

Please list any other allergies you have: _____

What medications do you take routinely? _____

NOTE: Please provide a copy of your current immunization record along with this application.

Is there any health reason (physical or emotional) which might limit your ability to volunteer? YES ___ NO ___

If yes, please explain: _____

In case of emergency, notify: _____ Relationship: _____

Home Telephone: _____ Work Telephone: _____

IN THE EVENT YOU BECOME ILL OR ARE INJURED WHILE ON DUTY AS A VOLUNTEER, YOU WILL BE TAKEN TO THE MEDICAL CITY DALLAS HOSPITAL EMERGENCY DEPARTMENT AND TREATED BY ONE OF THE PHYSICIANS. IF YOU DESIRE, WE WILL NOTIFY YOUR PERSONAL PHYSICIAN.

Signature of Applicant

Date



Adult Volunteer Applicant Health Screening Notice

Medical City Dallas Hospital Volunteer Services and Employee Health departments require all new volunteers undergo an initial health screening prior to being cleared for duty. The initial health screening consists of a skin test (PPD) or a blood draw (T-spot) to detect Tuberculosis exposure.

The screening is provided free of charge to our volunteers. No appointments are necessary. Volunteers should stop by the Employee Health office (Building D, Suite 255) any weekday (Monday-Friday) from 7:00am to 3:00pm to visit the Employee Health nurse and pick up their lab requisition. For any questions, please don't hesitate to call 972-566-6200 and ask for the Employee Health nurse on duty.

An annual health screening is required for all active hospital volunteers. This screening consists of a skin test (PPD) to detect Tuberculosis exposure. Those who have had "positive" readings in the past, still need to go to the Employee Health office to complete a Review of Sign/Symptoms of Tuberculosis form on an annual basis.

PLEASE RETURN YOUR ADULT VOLUNTEER APPLICATION PACKET TO:

Volunteer Services Department
Medical City Dallas Hospital
7777 Forest Lane
Building A, Suite 070
Dallas, TX 75230
(972)566-7066

NOTE: COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE AS AN ADULT VOLUNTEER.

Office Use:
Received: _____
Ref Checked: _____
Interview: _____

Medical City Dallas Hospital, 7777 Forest Lane, Dallas, Texas 75230 Tel:
972.566.7000 www.medicalcityhospital.com