



CENTERPOINT MEDICAL CENTER

Centerpoint Medical Center Volunteer Application

Thank you for your interest in volunteering at Centerpoint!

Please complete and submit this application to Willa Lincoln, Volunteer & Pastoral Care Coordinator. Once the application is received there will be an interview to determine if there are current openings in areas which appear to match your interests and availability. If accepted to volunteer service, applicants are required to: (1) complete a lab screening for tuberculosis and titers: paid for by the hospital, (2) have a background check: paid for by the hospital, and (3) complete 1 day of hospital orientation. All volunteers are asked for at least a 4 hour a week volunteering commitment.

Please return to application to Willa Lincoln, Volunteer & Pastoral Care Coordinator, Centerpoint Medical Center, 19600 E. 39th St., Independence, Mo. 64057, Phone: (816) 698-8135, fax: (816) 698-8131; Email: willa.lincoln@hcahealthcare.com.

Full Name: First _____ Middle _____ Last _____
Address _____ City _____ State _____ Zip _____
Phones: Home _____ Cell _____ E-mail _____
Best time to contact you: _____

Are you at least 18 years of age: Yes or No
Birth date: month/day _____

In case of emergency, please notify: Name _____ Relationship _____
Daytime phone #'s _____

Education and Experience

Formal education or training _____
Currently or plan to be a student in college/nursing program? _____ What school? _____
Professional certification _____

Currently Employment:
Employer and address _____
Supervisor name _____ Phone _____

Previous occupations _____

Have you ever been convicted of a crime? ___ If yes, please explain when, where, and disposition

I have volunteered at Centerpoint, Independence Regional, or Medical Center of Independence previously: Yes or No

Why do you want to volunteer? _____

Previous volunteer experience:

1. Organization _____ Supervisor _____

Type of service performed _____ Dates _____

Address and phone number _____

2. Organization _____ Supervisor _____

Type of service performed _____ Dates _____

Address and phone number _____

Have you ever been terminated from employment or volunteer service? ___ If so, please explain:

References (List at least one professional, do not use relatives):

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

3. Name _____ Phone _____

Address _____

Available times for volunteering (please check all times that apply):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Applicant acknowledgment: I certify that the information given by me in this application is true and complete. I hereby authorize all individuals and organizations named or referred to in this application to give Centerpoint Medical Center all information relative to my possible volunteer assignment and work habits. I hereby release such individuals, organizations and Centerpoint Medical Center from any liability for any claim, damage, which may result. I understand that I will not be paid for time volunteering at Centerpoint.

Applicant signature _____ **Date** _____