



Centennial Medical Center

APPLICATION FOR VOLUNTEER SERVICES

Please Print Your Name		Date Of Birth
Home Address		City / State / Zip
Home Tel	Cell Tel	Work Tel
Email Address	How Should We Contact You? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Or <input type="checkbox"/> Email	
Employer		
Supervisor/Director		Supervisor/Director Tel
Work Address		Work City/State/Zip
Are you between the ages of 16-18 and maintain a B grade point; thus qualifying you for the youth volunteer program?		
<p>Reference letters must be submitted with application for consideration into program. However, please provide their contact info for follow-up, if needed.</p> <p>Pastoral care applicants must include two letters of reference – one from a letter from a pastor; one from a non-relative</p> <p>Youth volunteer applicants must include two letters of reference – one from a letter from a teacher, coach or pastor; one from a non-relative</p>		
Personal Reference Name (Non Relative)		Reference Tel Number/E-MAIL
		TEL: EMAIL:
		TEL: EMAIL:
Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing, pled no contest for an offense other than minor traffic violation or are you charged with an unresolved criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge? <input type="checkbox"/> Yes <input type="checkbox"/> No (a criminal history check is done for the protection of everyone at CMC.)		
List volunteer experience:		
State reason for volunteering:		
Hours available to volunteer:		
Foreign languages spoken:		
Please provide any comments or additional info here:		
Pursuant to the requirements of the fair credit reporting act, notice is given that a consumer report will be made in connection with your application for volunteering. A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.		



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Please Check At Least Three Departments You Would Like To Serve In:

Note: placement is subject to availability

- Accounting
- Case Management
- Diagnostic Imaging/Radiology
- Emergency Department (ER)
- Facilities Engineering/Plant Operations
- HIM/Medical Records
- Hospital Greeter
- Hospital Special Events
- Human Resources
- Materials Management
- Marketing/Public Relations
- Medical Staff Services
- Medical/ Surgical
- Pastoral Care
- Physical Therapy
- Surgical Services
- Volunteer Services
- Women's and Children's Services

I will give dependable service to Centennial Medical Center. I have read and fully understand the above. I hereby authorize the procurement of a consumer report for volunteer purposes.

Applicant Signature:

Date:

Guardian Signature (If Applying For Youth Program):

Date:

Application Checklist

- Completed and signed application
- Completed background consent (for applicants over 17)
- Letters of Reference
- Report Card or Transcript (for applicants under 18)

Application packets can be submitted at the information desk in the main hospital lobby, or mailed to:

Centennial Medical Center
Volunteer Services
12505 Lebanon Road
Frisco, TX 75035

Application Process: Once we have received your completed application packet, we will review and submit a background check (if required). When background results and reference letters are received and deemed satisfactory, we will contact you for a personal interview. You will be asked to complete a TB screen and attend orientation. Once accepted, you will receive on-the-job training to facilitate you in performing your duties as a centennial medical center volunteer. All volunteers are required to comply with all hospital and department rules and guidelines.