

Volunteer Information

Why are you interested in the CHRISTUS Good Shepherd volunteer program?

Previous work/volunteer experience:

Hobbies, interest, and/or community affiliations:

Are there any activities or working conditions you should avoid (standing, lifting, etc.)?

What kind of time commitment are you interested in?

Short Term Long Term

Time frame:

What days and times are you available? (Write specific times or place checkmarks in appropriate boxes.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (8 a.m. - 12 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (1 -4 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever worked for CHRISTUS Good Shepherd, CHRISTUS Trinity Clinic or an affiliated organization?

Yes No

If "Yes," include dates, titles, former name, affiliated organization and reason for leaving CHRISTUS Good Shepherd:

Do you have any relatives who currently work for CHRISTUS Good Shepherd Health System?

Yes No

If "Yes," please list name, job title, and department:

Have you ever been convicted of or pled guilty to a misdemeanor offense? Yes No

If “Yes,” include dates, titles, please state circumstances i.e. date, place, charge, court and action taken:

I hereby allow CHRISTUS Good Shepherd to perform a check of my background including criminal record, personal reference, driving records, past employment history, physician or therapist as appropriate for the volunteer tasks in which I have expressed an interest.

Signature:

Date (MM/DD/Year):

I understand that I am applying to be a volunteer, not a paid employee, at CHRISTUS Good Shepherd. I understand that I am authorized solely to perform tasks assigned specifically to me. I understand I must follow all rules and regulations of CHRISTUS Good Shepherd. I understand that all information concerning CHRISTUS Good Shepherd and its patients is strictly confidential, and I hereby agree to maintain this confidentiality. I agree to accept full responsibility and to hold harmless CHRISTUS Good Shepherd, its affiliated entities, employers, directors, officers, trustees or agents from any and all claims and damages that may arise from my participation in the volunteer program.

I have read and understand the above and agree to comply with all rules and regulations of CHRISTUS Good Shepherd and the Volunteer Services Department. I understand that failure to comply with such rules and regulations may be cause for my removal from the CHRISTUS Good Shepherd volunteer program. I understand the Volunteer Services Department is not obligated to provide a placement, nor am I obligated to accept the position offered. I understand that my volunteer assignment is of no fixed duration and can be terminated by either party at any time with or without cause or reason. No offer of volunteer placement can constitute an agreement contrary to above.

I certify that all statements given on this application are correct and realize that omission, falsification, or misrepresentation of any information on this application or any other personal record may result in not being placed in a volunteer position or in discharge, no matter when discovered. In the event I volunteer, I agree to abide by all present and subsequently issued procedures, policies, rules and regulations of the organization.

Signature:

Date (MM/DD/Year):

The volunteer applicant is a minor.

I hereby give my permission for _____
to perform volunteer work for CHRISTUS Good Shepherd.

Parent/Guardian Signature:

Date (MM/DD/Year):

**For more information, please contact the CHRISTUS Good Shepherd Volunteer Office
at 903.315.4158 or email us at cgsvolunteers@christushealth.org.**