



Dear Future Volunteer,

Thank you for your interest in serving as a volunteer with the Flagler Health+ Auxiliary. We offer a variety of volunteer opportunities for people who want to make a positive difference in our community!

The Flagler Health+ Auxiliary has a rich history of service to our community and has supported patient care services in St. Augustine since 1888. Volunteer opportunities are available in more than 25 hospital departments, ranging from Patient Transport to the Gift Shop to the Emergency Care Center. We make every effort to match your interests and your schedule.

Flagler Health+ celebrates the service of our volunteers. Volunteers are recognized quarterly for their individual hours of service. As a member of the Flagler Health+ Auxiliary, you will be a part of a growing, award-winning hospital on the leading edge of advancements in healthcare and healthcare technology. Other benefits include complimentary lunches and community discount programs offered to Flagler Health+ Auxiliary members.

Please note that Flagler Health+ does not accept court-ordered community service volunteers.

In order to qualify as a member of the Flagler Health+ Auxiliary, individuals will:

- **Complete a Volunteer Application & Agreement**
- Be 18 years of age or older
- Agree to work a minimum of four hours, once per week
- Join the Flagler Health+ Auxiliary organization and pay annual membership dues (\$5)
- Attend an orientation; orientations are held every three weeks

Volunteering within this healthcare setting requires that prospective Auxiliary members also:

1. Complete a Background Check. To ensure the safety and security of Flagler Health+ patients, visitors and staff, all volunteers must be cleared for service.
2. Complete a two-step Tuberculosis (TB) Screening Test provided by our Employee Health Office *(provided at no cost to prospective members)*.
3. Participate in the Flagler Health+ annual mandatory flu prevention program.
4. Purchase and wear an Auxiliary uniform. *Volunteers can select their preferred style from choices that include jackets or vests for women and jackets or golf shirts for men.*

If you are looking for a highly rewarding volunteer opportunity, we invite you to use your talent in service to our community through membership and participation in the Flagler Health+ Auxiliary. If you have questions or would like more information, please contact the Volunteer Services Office at 904-819-4411 or send an e-mail to Katie.Lay@flaglerhospital.org.

Applicant interviews are held once every three weeks. After your application is received in the Volunteer Services Office, we will call you to arrange a convenient time for your interview.

I look forward to welcoming you into the Flagler Health+ family of volunteers!

Sincerely,

A handwritten signature in blue ink that reads "Rita Hubbs".

Rita Hubbs

Flagler Health+ Auxiliary President



400 Health Park Blvd.
St. Augustine, FL 32086
904-819-4411

VOLUNTEER APPLICATION

Please Print Clearly

_____ Date Application Submitted

Applicant Information

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Birthdate: _____ Who may we thank for referring you to apply? _____
MM/DD/YYYY

In Case of an Emergency, Please Notify...

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

References

Please list two references (local residents preferred, no relatives please).

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Work Preferences

Volunteers agree to a four-hour shift to be worked on the same day each week.

Please indicate your volunteer assignment preference:

	PATIENT CONTACT	NON-PATIENT CONTACT	CLERICAL/OFFICE	NO PREFERENCE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AVAILABLE DAYS:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	NO PREFERENCE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIMES:	MORNINGS	AFTERNOONS	EVENINGS	NO PREFERENCE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Skills & Abilities

Please list any special skills or abilities that may be helpful in your volunteer experience here: _____

Background Information

Flagler Hospital requires that all volunteers receive a background check as part of standard procedure. Falsification or failure to disclose this or any other information on this application is grounds for termination of your application or volunteer status. A conviction does not necessarily disqualify you from volunteer service.

Have you ever been convicted of, had adjudication withheld or plead guilty or nolo contendere (no contest) to a criminal offense, whether misdemeanor or felony?

YES

NO

If YES, please explain: _____

Have you ever been refused bond?

YES

NO

If YES, please explain: _____

Have you previously been an employee/volunteer for Flagler Hospital or Flagler Health+?

YES

NO

If YES, please provide dates of employment/volunteer service, location and name of supervisor: _____

Health

Please list any health conditions you would like us to be aware of that may affect your volunteer experience (mobility, etc.): _____

Disclaimer and Signature

I certify that the information on this application is true and complete to the best of my knowledge.

If this application leads to a volunteer assignment at Flagler Health+, I understand that false or misleading information in my application or interview may result in my release from volunteer service.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

<i>Interview Scheduled</i>

<i>Service Area Assignment</i>

<i>Day & Shift Assignment</i>

The logo for Flagler Health+ Auxiliary features a stylized blue cross icon to the left of the text. The text "Flagler Health+" is in a large, blue, sans-serif font, with "AUXILIARY" in a smaller, blue, sans-serif font below it. Underneath "AUXILIARY" is the title "VOLUNTEER AGREEMENT" in a bold, black, sans-serif font.

Flagler Health+
AUXILIARY
VOLUNTEER AGREEMENT

Please read carefully and sign below

If accepted into the Flagler Health+ Auxiliary Program, I agree to:

- Hold absolutely confidential all information that I may obtain directly or indirectly concerning patients and staff.
- Become familiar with hospital policies and procedure and uphold the Code of Conduct.
- Honor my commitment to a specific job assignment.
- Donate my services without contemplation of compensation or future employment.
- Be professional, conscientious and conduct myself with dignity, courtesy and consideration of others.
- Purchase the appropriate volunteer uniform and maintain a well- groomed appearance.
- Attend orientation and in-service training as scheduled.
- Carry out assignments in a professional manner and seek Auxiliary assistance when necessary.
- Discuss any problems, criticisms or suggestions with my Chairperson, Auxiliary President or Volunteer Services Manager.
- Work a specified number of hours on a schedule acceptable to the hospital.
- Adhere to the Auxiliary volunteer's sign-in procedure.
- Be punctual and notify my chairperson if unable to work as scheduled and find a substitute according to the volunteer substitution policy.
- Honor the minimum commitment of volunteer service six (6) months with the first 24 hours being a probationary period.
- I understand that the Auxiliary reserves the right to terminate my volunteer status as a result of (a) failure to comply with the hospital's policies; (b) absences without prior notification; (c) unsatisfactory work, attitude, or appearance; or (d) any other circumstances which, in the judgment of the Volunteer Services Manager, would make continued services as a volunteer contrary to the best interest of the hospital and its patients.
- I consent to any required pre-volunteer testing/screening.
- I certify that there are no misrepresentations concerning my personal history. I am aware that misstatements of material facts may cause me to be disqualified from holding a volunteer position with the Auxiliary. I have read the above conditions and agree to honor them.

Volunteer Signature _____

Date _____