



J.D. McCarty Center Volunteer Application

Personal Information: Date of Application: _____

Name: _____

Address: _____

Phone Number: _____ Birthdate: _____

E-mail: _____ Social Security Number: ____-____-____

In Case of Emergency: (please list someone who is nearby.)

Contact Person: _____ Phone Number: _____

Relation to You: _____

Preferred Assigned Department: Please indicate where you would like to volunteer. If there are multiple areas, please indicate by 1st, 2nd, and 3rd.

Physical Therapy Occupational Therapy Elementary School

Speech-Language Therapy Recreational Therapy (3:30-5pm)

Clerical Departments (Main Facility) Internship (please call for availability)

Please indicate the days and times you can volunteer:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Educational Background:

School	Dates Attended	Major
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_____	_____	_____
_____	_____	_____

Please list any current or previous volunteer experience you have:

Do you have any experience working with children with developmental disabilities? _____

Documentations Required-- Please provide the following:

Immunization Records: Yes No

(Records must have the following vaccines in order to volunteer: 2 Measles, Mumps, Rubella (MMR); 2 Chicken Pox OR Documentation of having Chicken Pox disease-must include year; Tdap (Tetanus, Diphtheria, and Pertussis)

TB Skin Test: Yes No

(This must be updated annually)

How did you hear about the J.D. McCarty Center?

- Newspaper Magazine College Fair Radio Internet Friend
 JDM employee Other: _____

I, _____, hereby affirm that I understand that I may be terminated without notice for the following offenses: 1) dishonesty, including theft from fellow volunteers, employees, patients, or the hospital; 2) insubordination or resisting offenses; 3) bringing, possessing or drinking intoxicating beverages on hospital property; 4) misconduct; 5) using narcotics, barbiturates, or habit forming drugs without a doctor's order, 6) taking pictures or video of patients at any time. I also affirm that I understand that the J.D. McCarty Center will not provide worker's compensation or medical insurance for me while I am serving on staff as a volunteer. I agree to serve at my own risk and further agree that I will not become an adversary of JDM in order to be compensated for any damages of injuries I may sustain while serving as a volunteer. **I understand that the McCarty Center is a tobacco free campus and the use of tobacco products of any kind is not allowed anywhere on the property.**

(Your Signature)

(Date)

(Volunteer Coordinator Signature)

(Date)