



**CORPUS CHRISTI
MEDICAL CENTER**

**JOIN OUR FAMILY
OF HOSPITALS!**

Bay Area | Northwest | Doctors Regional | The Heart Hospital

P.O. Box 8991 • Corpus Christi, Texas 78468
Main Volunteer Services Office: 361-761-1416
www.ccmedicalcenter.com
Email: hang.do@hcahealthcare.com

Adult Volunteer Application

This application is for anyone over 18 years of age. Please provide as much information as possible. We will place you in the volunteer opportunity that best suits your interest.

REFERRED BY: _____

Please Print:

Date _____

Date of Birth _____

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

E-Mail _____

Spouse's or Parent's Name _____

Do you work Full-time Part-time Retired Student GPA _____

Occupation & Title _____

Employer or School _____

Education _____

Community Affiliations _____

Foreign Language(s) _____

Interests and Hobbies _____

Volunteer Experience _____

Physical Limitations/Medications _____

Have you ever been convicted of a felony? Yes No

Where did you learn about the Medical Center's volunteer opportunities? _____

Check the times you are most available to serve:

Weekdays Mornings Afternoons Evenings Preferred day _____

Check the volunteer opportunities you are interested in. This will help us know where to place you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Activity Cart | <input type="checkbox"/> Central Supply | <input type="checkbox"/> Clerical Duties |
| <input type="checkbox"/> Day Surgery | <input type="checkbox"/> Education | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> Needle Crafters | <input type="checkbox"/> Human Resources | <input type="checkbox"/> ICU/Surgery Waiting Room |
| <input type="checkbox"/> Information Desk | <input type="checkbox"/> Nursing Services | <input type="checkbox"/> H2U |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> L&D Waiting Room | <input type="checkbox"/> Customer Service Rep. |
| <input type="checkbox"/> Women's Services | <input type="checkbox"/> Cuddle Club | <input type="checkbox"/> Other _____ |

I want to become a Corpus Christi Medical Center Volunteer because: _____

In case of an emergency, please notify:

Name _____ Relationship _____
Address _____ City _____ State ____ Zip ____
Home Phone _____ Work Phone _____
Physician _____ Office Number _____

Please list at least two people other than relatives who would be willing to serve as personal references:

Name _____ Relationship _____
Address _____ City _____ State ____ Zip ____
Home Phone _____ Work Phone _____

Name _____ Relationship _____
Address _____ City _____ State ____ Zip ____
Home Phone _____ Work Phone _____

Name _____ Relationship _____
Address _____ City _____ State ____ Zip ____
Home Phone _____ Work Phone _____

Please sign:

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release The Corpus Christi Medical Center from any liability whatsoever for supplying such information.

After your application has been reviewed, your placement for volunteer service will be determined and an orientation will be scheduled followed by a free TB test.

Applicant's Signature _____ **Date** _____

If you are 18 years or under: Please fill out either a **School Year – Junior Volunteer Application** or a **Summer Junior Volunteer Application**. Visit our website at www.ccmedicalcenter.com or call the Volunteer Services Office to have one mailed to you: 361-761-1416.

For Office Use Only:	<input type="checkbox"/> Interview _____	<input type="checkbox"/> Ref Chk _____	<input type="checkbox"/> App Ltr _____
<input type="checkbox"/> Dept Mtg. _____	<input type="checkbox"/> Orientn _____	<input type="checkbox"/> TB Test _____	<input type="checkbox"/> TB X-Ray _____
<input type="checkbox"/> Entered _____	<input type="checkbox"/> WLtr Sent _____	<input type="checkbox"/> Start Date _____	<input type="checkbox"/> Badge _____
Area of Service _____	<input type="checkbox"/> Campus _____	Other _____	