

Florida/USVI Poison Information Center - Jacksonville Community Volunteer Application Form

(In coordination with UF Health Jacksonville Volunteer Services Office)

Please print or type all information and be sure to complete all pages.

Today's Date: _____

Last name _____ First Name _____ MI _____

Address _____ Apt # _____ City/State _____ Zip _____

Home phone (____) _____ Daytime phone (____) _____ Best time to call _____

Other (optional): Beeper Mobile (____) _____ E-mail _____

Birthday: _____ Male Female

Emergency contact: _____
Name Relationship Telephone

PLEASE ANSWER COMPLETELY

Are you currently employed? Yes No If yes, please list:

Job title Name of Employer Work Address Work telephone

Are you currently a student? Yes No If yes, please list:

Name of school Current educational level Expected date of graduation (if applicable)

Do you have relatives employed by any UF Health facilities? Yes No If yes, please list:

Name Relationship Facility Name/Location/Department

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VOLUNTEER SERVICE INFORMATION

1. Why do you want to volunteer for the Poison Center? _____

2. What do you envision yourself doing as a volunteer? _____

3. List previous volunteer experience, indicate briefly where, when and what you did: _____

4. Who referred you to the Poison Center or how did you learn about Poison Center volunteer opportunities?

5. Please list any special talent, skills, or interests: _____

6. Days available to volunteer (check all that apply):

Sunday ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____

7. List communities/counties in which you are available to provide volunteer services: _____

8. List date on which you are available to begin volunteer services: _____

REFERENCES / BACKGROUND CHECK

1. Have you ever been employed or volunteered at any UF Health institutions or founding institutions such as Shands, Methodist or University Medical Center? Yes No

If yes, please indicate date and position: _____

2. List one personal and two business references that we may contact. No relatives please.

(1) _____
Name Business, Position or Relationship Telephone

(2) _____
Name Business, Position or Relationship Telephone

(3) _____
Name Business, Position or Relationship Telephone

3. Have you ever been convicted, pled "nolo contendere" (no contest), or had adjudication withheld for any crime or offense other than a minor traffic violation? Yes No If yes, please complete:

Offense Date County State Disposition

4. Are you known by any other names? Yes No If yes, please list: _____

MEDICAL HISTORY

1. Do you have any physical restrictions or health considerations that should be considered prior to placement?

Yes No If yes, please describe: _____

2. Physician to be called in case of accident or illness: _____ Phone: _____

3. Any other comments: _____

VOLUNTEER APPLICANT'S AGREEMENT

- I certify that the information contained in this application is correct to the best of my knowledge.
- I authorize investigation of all matters contained in this application, and agree that any misleading, false or intentional omission of pertinent information would be cause for rejection of my application or cause for dismissal if already placed in the program.
- I understand that the individuals that I have listed as personal references will be asked questions concerning my ability, character and reputation.
- I understand that volunteer placement with the Poison Center and UF Health Jacksonville is contingent upon receipt of satisfactory references, background check, satisfactory completion of Poison Center Volunteer Orientation, and ongoing inservices as needed.
- I understand that initial and continuous volunteer status is at the discretion of the Poison Center Education Office and UF Health Jacksonville Volunteer Services Office.
- I understand that mileage traveled to and from the volunteer site will be reimbursed when appropriate.

Additionally, if selected to be a Poison Center volunteer, I agree to:

1. Abide by the Policies & Procedures of UF Health Jacksonville, the UF Health Volunteer Services Office and the Poison Center.
2. Keep all patient information and hospital business completely confidential at all times.
3. Strictly adhere to the volunteer service guidelines (job description), and be aware of volunteer limits and boundaries.
4. Refer any problems, criticisms or suggestions to the Poison Center Education Office.
5. Arrive on time to educational programs or events.
6. Maintain a professional appearance and demeanor when representing the Poison Center, and demonstrate courtesy and consideration of others.
7. Donate my services to the organization without contemplation of compensation or future employment.
8. Uphold the mission, vision and values of the Poison Center and UF Health Jacksonville.
9. Attend orientation and training and participate in Poison Center ongoing inservice programs as necessary.
10. Return all Poison Center educational materials/supplies to the Education Office within two weeks of my resignation/termination from the program. If these materials/supplies are not returned within this time period, I understand that I will be assessed a fee of \$50 for replacement costs.

Return your items to:
Florida/USVI Poison Information Center – Jacksonville
Education Office
655 West 8th St., Box C-23
Jacksonville, FL 32209.

Should any information I have reported in this application change at any time during the application process or after placement, I understand that I have a duty to report any and all changes to the Poison Center.

Signature: _____
Volunteer Applicant

Date

Signature: _____
Poison Center Staff

Date