

BayCare Volunteer Application

Where would you like to volunteer?

- | | | |
|--|---|---|
| <input type="checkbox"/> Mease Countryside Hospital | <input type="checkbox"/> St. Joseph's Hospital | <input type="checkbox"/> South Florida Baptist Hospital |
| <input type="checkbox"/> Mease Dunedin Hospital | <input type="checkbox"/> St. Joseph's Children's Hospital | <input type="checkbox"/> Winter Haven Hospital |
| <input type="checkbox"/> Morton Plant Hospital | <input type="checkbox"/> St. Joseph's Women's Hospital | <input type="checkbox"/> Winter Haven Women's Hospital |
| <input type="checkbox"/> Morton Plant North Bay Hospital | <input type="checkbox"/> St. Joseph's Hospital-North | |
| <input type="checkbox"/> St. Anthony's Hospital | <input type="checkbox"/> St. Joseph's Hospital-South | |

Last name

First name

Middle name

Street address

City

State

Zip

Home phone

Work phone

Cell phone

Email

Best contact method: Phone Email

Education:

Volunteer Experience:

Have you ever volunteered for BayCare before? Yes No

How did you become interested in our volunteer program?

Work status: Employed Retired College student



Availability: *(Under selected day(s), enter time available)*

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Date available to start: _____

Are you currently or have you ever been employed by BayCare? Yes No

Most recent employment date: _____

If presently employed, name of employer: _____

Position: _____

Work hours and days:

Work experience:

Hobbies/Skills/Interests/Languages:

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please provide dates and specify the charges and conviction details.

Have you ever pled nolo contendere (no contest), entered a pre-trial intervention program or a similar program, been fined or placed on probation, or had adjudication withheld for a misdemeanor or a felony? Yes No

If yes, please provide dates and explain the charges.

Two references *(include name, address and phone number)*:

Once you have filled out the application completely, please email it to one of the following locations:

Mease Countryside Hospital
MCHVolApp@BayCare.org

Mease Dunedin Hospital
MDHVolApp@BayCare.org

Morton Plant Hospital
MPHVolApp@BayCare.org

Morton Plant North Bay Hospital
NBVolApp@BayCare.org

St. Anthony's Hospital
SAHVolunteers@BayCare.org

St. Joseph's Hospital
VolunteerApplication@BayCare.org

St. Joseph's Children's Hospital
ChildrensVolunteer@BayCare.org

St. Joseph's Women's Hospital
WomensVolunteer@BayCare.org

St. Joseph's Hospital-North
sjnvolunteer@BayCare.org

St. Joseph's Hospital-South
SJSVolunteers@BayCare.org

South Florida Baptist Hospital
SFBVolunteers@BayCare.org

Winter Haven Hospital
WHHVolunteerServices@BayCare.org

Winter Haven Women's Hospital
WHHVolunteerServices@BayCare.org

