

Miami Orthopedics and Sports Medicine Institute Volunteer Application

		Арр	lican	t Information		
Full Name:	Last	First			М.І.	Date:
Address:	Street Address					Apartment/Unit #
	City				State	ZIP Code
Phone:				Email		
Have you e	ver been a volunteer at BHSF?	YES	NO □	If yes, specify?		
Are you currently attending Medical School?		YES	NO □			
lf yes, pleas list School a Year:						
			Ava	ilability		

Please mark with an "X" your weekly availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

 References

 Please list three professional references.

 Full Name:
 Relationship:

 Company:
 Phone:

 Address:
 Relationship:

 Full Name:
 Relationship:

 Full Name:
 Phone:

 Address:
 Phone:

 Company:
 Phone:

 Address:
 Phone:

Previous Volunteer Experience

Company: Address:				Phone:			
Responsibili	ties:						
From:	То:	Reason f	for Leaving:				
May we con	tact your previous supervisor for a reference?	YES	NO				
Company: Address:				Phone: Supervisor:			
Responsibili	ties:						
	То:						
May we con	tact your previous supervisor for a reference?	YES	NO □				
Company:				Phone:			
Address:				Supervisor:			
Responsibili	ties:						
From:	То:	Reason for Leaving:					
May we con	tact your previous supervisor for a reference?	YES					
Signature							
I certify that my answers are true and complete to the best of my knowledge.							

Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide placement, nor are you obligated to accept the position offered. The Volunteer Department of Miami Orthopedics and Sports Medicine Institute at Baptist Health South Florida does not discriminate because of age, race, national origin, gender or sexual preference.

Signature: _____ Date: _____