

Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense?

_____Yes _____No (Arrest or charges that have been expunged need not be disclosed.)

If yes, give date, place and nature of each such charge on the reverse side of this application.

Are you presently charged with any violation of the law? _____Yes
_____No (If yes, please give date, place and nature of each such charge on the reverse side of this application.)

REFERENCES: (please list two that are not family members)

Name: _____ Address: _____

Telephone Number: _____ Position _____
Number of Yrs Known: _____

Name: _____ Address: _____

Telephone Number: _____ Position _____
Number of Yrs Known: _____

IN CASE OF ILLNESS WHILE ON DUTY, WHO SHOULD BE NOTIFIED?

Print Name	Relationship	Phone Number
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VOLUNTEER PLEDGE

As a volunteer, I promise faithful and regular service and to uphold the standards of the hospital at all times.

Signature

Date

Additional space for explanations if needed: _____

Promotional Release

I, _____, consent for Pasco Regional Medical Center to photograph and use my likeness for news releases and/or website promotion. I understand that I may be asked to participate in interviews conducted for press releases and/or website promotion by Pasco Regional Medical Center's Marketing Coordinator. I also understand that no compensation is forthcoming or implied.

I may withdraw my permission at any time; however, I understand that a release may already be scheduled for publication and ready for print. In this instance, I understand that it may not be possible to retract those publications already in progress.

Name –Print

Signature

Date