



Texas
Orthopedic
Hospital

Partnered with
Fondren Orthopedic, Ltd.

Invested in your care.

VOLUNTEER APPLICATION

Texas Orthopedic Hospital
7401 S. Main
Houston, TX 77030

Date of Application: _____

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Sex: M _____ F _____ Date of Birth: _____

IN THE EVENT OF AN EMERGENCY

Name: _____

Contact Phone: _____

Physician's Name: _____

Contact Phone: _____

WORK EXPERIENCE

Current Employer: _____

Previous Work Experience: _____

Have you ever served as a volunteer? Yes _____ No _____ If yes, when and where?

How did you hear about the Volunteer Program at Texas Orthopedic Hospital?

List any special skills/interests that you feel would benefit your volunteer experience:

Please explain why you would like to volunteer and what you hope to gain from your experience: _____

PREFERENCE FOR ASSIGNMENT

Please mark all that apply.

Monday Tuesday Wednesday Thursday Friday

8:00 a.m. -12:00 noon

11:30 AM to 3:30 PM

*Days and hours are flexible

Please rank your order of interest:

Lobby Information Desks Patient Visits

Dietary Rehabilitation Clerical

Surgery Radiology Pharmacy

Medical Records International Relations

Magazine or Refreshment Cart

Other _____

Do you have any health problems which might limit your ability to fulfill certain volunteer responsibilities? _____

Should you be selected to participate in the Volunteer Program at Texas Orthopedic Hospital, you will be required to attend hospital orientation and have a current TB test or chest x-ray on file. Additionally, a background check is completed on all applicants.