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**If you have a positive attitude and enjoy helping others, volunteering is for you!**



**HCA Florida Trinity Hospital**  
9330 State Road 54  
Trinity, FL 34655  
P 727.834.4017  
[HCAFloridaHealthcare.com](http://HCAFloridaHealthcare.com)

## HCA Florida Trinity Hospital volunteer services

Become part of our outstanding team of volunteers, who contribute over 60,000 hours of service annually to our patients, visitors and hospital staff.

### Qualifications

- Integrity
- Professionalism
- Accountability
- Responsiveness
- Teamwork
- Nurturing
- Empathetic
- Respectful

### Rewarding opportunities

- Reception desks
- Volunteer central dispatcher
- Path finder
- Transporter/courier
- Gift shop
- Courtesy cart/main entrance greeter
- Concierge
- Caring cart
- Emergency room ambassador
- Behind the scene volunteer
- NICU cuddlers
- Obstetrics (OB) greeter
- Intensive Care Unit (ICU) greeter

### How to find out more

- Complete the attached application
- Applications for our high school student program, “Volunteers” are accepted the first weeks of April and July only.
- Call 727.834.4017 to learn more about our volunteer program.



“To love what you do and feel that it matters-how could anything be more fun?”

**-Katherine Gramh**

## Volunteer application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred phone ( ) \_\_\_\_\_ Secondary phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Birthdate (mo/day) \_\_\_\_ / \_\_\_\_ Year only if under age 18

‘Volunteers’ must be 15 years old to apply. Volunteer apps accepted April 1-7 and July 1-7.

School currently attending \_\_\_\_\_ Class of \_\_\_\_\_

### Required - The names of two personal references that are not relatives

Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Have you been convicted of a felony within the past seven years?  Yes  No

Circle the day/days and shift preferences for those days you are available

(M=Morning, A=Afternoon, E=Evening)

Sun: **MAE** Mon: **MAE** Tues: **MAE** Wed: **MAE** Thurs: **MAE** Fri: **MAE** Sat: **MAE**

Are you available to substitute other days/shifts? \_\_\_\_\_

What are your hobbies, skills, other interests? \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

Why do you want to be a volunteer? \_\_\_\_\_

Additional comments \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_