

Volunteer Interest Self Assessment Questionnaire

Use this form to help you assess if volunteering at Covenant Health is right for you.

The Volunteer placement process includes several steps and trips to the hospital before you can begin volunteering. These trips involve attending volunteer orientations, going through HR for Flu and TB shots, retrieving your Volunteer Badge and position training,

1. Are you willing to make these trips required to complete the volunteer placement process?

Circle One: Yes No

Covenant Health's volunteer program is very structured. The volunteer commitment is a weekly, four-hour shift either in the morning or afternoon (Monday-Friday)

2. Do you have time in your life for this regular commitment?

Circle One: Yes No

Covenant Health volunteers wear a volunteer uniform and ID badge during their volunteer shift and adhere to a dress code notated in the Volunteer Handbook.

3. Are you willing to wear the volunteer uniform and ID badge during your volunteer shift?

Circle One: Yes No

Typically, volunteers who have been and continue to be successful at Covenant Health possess certain skills and characteristics.

4. Do you consider yourself good at the following:

time management, teamwork, communication,

taking initiative, serving others and treating everyone with dignity

Circle One: Yes No

If you answered "yes" to all of these questions, we encourage you to complete the remainder of the Volunteer Application Form.

Covenant Health Volunteer Application

Name:

_____ Date _____
(Last, First, Middle)

Drivers License State and Number: _____

Social Security Number (required for background check): _____ - _____ - _____

Phone:(_____) _____ Email: _____

Date of Birth: _____ / _____ / _____

Mailing Address:

_____ City _____ State _____ Zip Code _____
Street Address

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

(A conviction may be relevant if job-related, but does not necessarily bar you from volunteering)

If yes, state circumstances, place(s), date(s):

Please circle your choice(s) of availability: *(most AM shifts are 8am-Noon, most PM shifts are Noon -4pm)*

Monday AM Monday PM Tuesday AM Tuesday PM Wednesday AM
Wednesday PM Thursday AM Thursday PM Friday AM Friday PM

Special info/concerns we need to know (health, skills, training, language, etc.):

Emergency Contact Name, Number and Relationship:

Are you interested in assisting with special projects/recruiting: Yes No

How did you hear about our volunteer program (Circle One):

Friend _____ If yes, name of friend/individual recruited by: _____

Internet Advertisement Event Other _____

Name & Number of 2 personal references:

1. _____

2. _____

Why are you interested in volunteering at Covenant Health:

Notice of and Consent to Background Investigation

Notice: Covenant Health and/or its affiliates intends to conduct an investigation, and/or obtain from consumer reporting agency information concerning your character, general reputation (including criminal records), personal characteristics, and mode of living for the purpose of determining your eligibility for volunteer service. By your signature below, you are affirmatively authorizing Covenant Health and/or its affiliates to request and use your report for volunteering purposes.

Consent: I hereby authorize Covenant Health and/or its affiliates to request and obtain a report on me as described above for purposes of evaluating my qualification for volunteering. I also understand that if a report from a consumer reporting agency is the basis for an adverse volunteer action, I can be furnished a copy of the report and such additional information as may be required by the law. This authorization shall remain valid until I furnish Covenant Health a written notice of revocation.

Applicant Signature

Date

CONFIDENTIALITY AGREEMENT: I understand and agree that in the performance of my duties as a volunteer of Covenant Health, I may have access to confidential information regarding patient records, personal records, and hospital records. It is one of my most important responsibilities to protect the privacy and confidence of patients, employees, and the hospital. Any confidential information should be used only in the performance of duties. I understand that my failure to comply will result in disciplinary action, which may include discharge.

Applicant Signature

Date

CONSENT TO PHOTOGRAPH: The undersigned does hereby authorize Covenant Health to photograph, or permit other persons to photograph.

(Print—Name of Volunteer)

And agree that they may use, or permit other person to use the negative, prints, or videotape prepared there from, for such purposes and in such manner as may be deemed necessary.

Volunteer's Signature

Date

Code of Ethics

Working as a volunteer is a generous act, but it is also a privilege, which entails certain responsibilities. While at the hospital, volunteers must adhere to the same Code of Ethics practiced by professional staff.

1. A volunteer represents the hospital while in uniform and should act in a manner commanding respect for himself/herself, the hospital and the medical staff.
2. All information regarding patients and their families is strictly confidential.
3. A volunteer will not use his association with the hospital to seek the free medical advice or favors for himself or others.
4. Should a volunteer observe anything that seems to be amiss in the hospital, he/she should direct any questions or opinions to the volunteer office 725-6075 (CCH) or 725-0465 (CMC), not to patients, friends, or associates.
5. A volunteer must make sure he/she understands instructions. If in doubt, he/she should ask for clarification before acting.

(Initial that you have read and agree to the above)