

Medical Campus
Sharon Parks
725-0465
Lakeside Campus
Debby Horton
725-6075

Covenant Health Volunteer Application

Name (Last, First, Middle)	Date
Drivers License State & Number	Social Security Number - -
Date of Birth: month day year	
Street Address	Home Telephone ()
City, State, Zip	Cell Phone ()

Have you ever been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> (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 list your choice of availability: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>
Special information/concerns we need to know: (health, skills or training, language, etc.)
Emergency Contact Name, Number and Relationship:
Are you interested in assisting with special projects/recruiting? Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you hear about our volunteer program? Friend <input type="checkbox"/> Internet <input type="checkbox"/> Advertisement <input type="checkbox"/> Other <input type="checkbox"/> Self <input type="checkbox"/> Publication <input type="checkbox"/>
Name & number of two personal references: 1) 2)

Notice of and consent to background investigation.

NOTICE: Covenant Health and/or its affiliates intends to conduct an investigation, and or obtain from a 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

NOTICE of NON-HIRING POLICY FOR NICOTINE USERS: Covenant is committed to fostering healthy living, including disease prevention. For this reason, to promote the health, welfare, and safety of its patients, staff, and the general public, it is Covenant's policy to deny employment to individuals who use nicotine and nicotine products. This includes cigarettes, pipes, cigars, chewing tobacco, smokeless tobacco or other tobacco products. Please answer the following question. Do you currently use nicotine or nicotine products? Yes No

Applicant Signature

Date

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

(print - name of volunteer)

And agree that they may use, or permit other persons 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

Witness 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 the 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 725-6389 or 725-0465, 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)