

Covenant Health Intern Application

Name (Last, First, Middle):	Date:
Date of Birth:	Social Security Number: - -
Driver's License State & Number:	Please attach copy of driver's license to this form
Street Address:	Home Telephone: ()
City, State, Zip:	Cell Phone: ()

<p>Please mark your choice (s) of availability between 8AM-5PM:</p> <p>Monday Morning <input type="checkbox"/> Tuesday Morning <input type="checkbox"/> Wednesday Morning <input type="checkbox"/> Thursday Morning <input type="checkbox"/> Friday Morning <input type="checkbox"/></p> <p>Monday Afternoon <input type="checkbox"/> Tuesday Afternoon <input type="checkbox"/> Wednesday Afternoon <input type="checkbox"/> Thursday Afternoon <input type="checkbox"/> Friday Afternoon <input type="checkbox"/></p> <p>Other:</p>
<p>Please list your most current and previous level (s) of education. Be sure to include details such as your major, years attended, etc.:</p>
<p>Please list your most current and previous job experiences. Be sure to include details such as the company name, position you held, your most relevant duties and responsibilities, etc.:</p>
<p>Please list any current and previous clubs/organizations that you are involved in:</p>

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Please list any relevant certifications/special training you currently hold:

Please list special information/concerns that we should know (health, skills, language, etc.) and how these are applicable to the internship:

Please list any other special notes we should know:

Please list (if, any) the field of interest/specialty you are particularly interested in, in the healthcare field, and any background you have in that field:

Emergency Contact Name, Number and Relationship:

How did you hear about our internship program?

Friend Internet Advertisement Other Self Publication

Name & number of two personal references:

1)

2)

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):

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 an intern 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 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 an intern 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 An intern must represent 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 An intern will not use his association with the hospital to seek the free medical advice or favors for himself or others.
- 4 Should an intern observe anything that seems to be amiss in the hospital, he/she should direct any questions or opinions to Robin Averhoff with Patient Experience, 725-4073, or Hannah Corder, 725-4582, not to patients, friends or associates.
- 5 An intern must make sure he/she understands instructions. If in doubt, he/she should ask for clarification before acting.

(Initial that you have read)