



APPLICATION FOR VOLUNTEER PLACEMENT

APPLICANT

Name: _____ M F Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Month/Day of Birth (MM/DD): _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

EMPLOYMENT

Present/most recent employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Description of duties: _____

EDUCATION, TRAINING, AND SKILLS

High School Graduate? Yes No

Attended College? Yes No Graduated? Yes No Highest Degree obtained: _____

Presently enrolled as a student? Yes No If yes, school: _____

Medically related education, licenses, training, and experience: _____

Computer-related education, training, and experience: _____

Other education, skills, and work experience that might be useful as a volunteer: _____

IN CASE OF EMERGENCY — PERSON TO BE NOTIFIED

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

REFERENCES (LIST TWO PERSONS OTHER THAN RELATIVES)

Name: _____ Phone: _____

Name: _____ Phone: _____

DRIVERS LICENSE NUMBER: (*Meals on Wheels Drivers only*) _____

LANGUAGE SKILLS (*in addition to English*) Speak: _____ Read/Write: _____

ASSIGNMENT TYPE DESIRED

Working directly with patients? Yes No As needed

Please explain briefly your reasons for volunteering: _____

Please indicate specific position(s) or areas of interest: _____

Please specify any accommodations necessary to the performance of the job: _____

How did you hear about volunteering at SCCH? _____

VOLUNTEER BACKGROUND CHECK

Have you ever been convicted (arrests without conviction need not be reported) of a:

Misdemeanor? (*other than minor traffic violations*) Yes No Felony? Yes No

If yes to either question, please give date, place of conviction and explain circumstances: _____

VOLUNTEER AGREEMENT

At Sullivan County Community Hospital (SCCH) we greatly appreciate our staff of dedicated volunteers and are dedicated to do the very best we can to make your volunteer experience here a productive and rewarding one. Because you are donating your time, you understand that you are not an employee of SCCH and that you will not be paid for your work. In signing this application you agree to the following:

1. That confidential information — including but not limited to patient information, protected health information, personal information and SCCH proprietary information — shall not be discussed, copied, transmitted outside of appropriate venue, or removed from the premises of the hospital under any circumstances, and that you will not seek information in regard to a particular patient.
2. Adherence to all hospital rules and procedures, including the SCCH policy on non-discrimination and harassment, and you agree to conduct yourself with dignity, have consideration for others, and strive to maintain the highest quality of work.
3. That all assignments to volunteer positions can be terminated at any time, by either party, with or without cause. No volunteer assignment is guaranteed for any specific period of time.
4. Meeting time and duty commitments, or providing adequate notice so that alternate arrangements can be made, and accepting supervision gracefully.
5. Loyalty to the ethics, requirements and projects of SCCH.
6. That SCCH may check references, do a criminal background check, and use such information as may be obtained in making a decision regarding your placement.

Your Signature _____ Date _____

Your signature indicates your agreement to adhere to these responsibilities if placed as a volunteer. This organization is not obligated to provide a placement, nor are you obligated to accept the position offered. Your signature also attests to the truthfulness of the information provided herein.