

ROLLING PLAINS MEMORIAL HOSPITAL

VOLUNTEER APPLICATION

Date_____

Name_____Social Security Number_____

Address_____

Home Phone Number_____Daytime Phone Number_____

Date of Birth (Day and Month)_____

I am: Employed Unemployed Retired Student (circle one)

Present Employment_____

Position_____Employers Phone Number_____

Education (check all that apply):

____High School

____College

Emergency Contact _____

Emergency Contact Home Phone_____ Work Phone_____

Have you ever been convicted of or pled guilty to a felony offense? Yes No

If yes, please state date, charge, place, court and action taken:_____

Availability: Please circle the time(s) you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday

Morning Afternoon

Do you have relatives who currently work for R.P.M.H.? Yes No

If yes, please list their names:_____

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How did you become interested in our volunteer program? _____

Have you ever served as a volunteer with us before? Yes No
If yes, in what year? _____

Have you had previous volunteer experience? Yes No
If yes, please list you volunteer experience: _____

What are your hobbies and special interests? _____

References:

Name _____ Telephone _____
Address _____
Relationship _____ May we contact? Yes No

Name _____ Telephone _____
Address _____
Relationship _____ May we contact? Yes No

I hereby allow Rolling Plains Memorial Hospital to perform a check of my background including criminal record and personal references.

Signature

Date

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I understand that I am applying to be a volunteer, not a paid employee, at Rolling Plains Memorial Hospital. I understand that I am authorized solely to perform tasks assigned specifically to me. I understand I must follow all rules and regulations of Rolling Plains Memorial Hospital. I understand that all information concerning R.P.M.H. and its patients is strictly confidential, and I hereby agree to maintain this confidentiality. I agree to accept full responsibility and to hold harmless Rolling Plains Memorial Hospital from any and all claims and damages that may arise from my participation in the volunteer program.

I have read and understand the above and agree to comply with all rules and regulations of Rolling Plains Memorial Hospital and the Volunteer Program. I understand that failure to comply with such rules and regulations may be cause for my removal from the Rolling Plains Memorial Hospital volunteer program. I understand the Volunteer Program is not obligated to provide a placement, nor am I obligated to accept the position offered. I understand R.P.M.H. may terminate my volunteer services for any reason, or no reason.

Confidentiality Agreement:

- ***I agree to maintain complete confidentiality of all information that I come into contact with while providing services for R.P.M.H.***
- ***I understand any breach of confidentiality, regardless of when a breach occurs; including information obtained while volunteering and communicated after volunteering ends, will result in immediate disciplinary action, up to and including termination of volunteer status and or legal action as a result of any breach of confidentiality.***
- ***Items considered to be confidential include, but are not limited to, materials that relate to patients.***

Signature

Date

After completing the application, please call to arrange an interview (235-1701, ext. 222). Dependent on the needs of R.P.M.H. and your job preferences, you will then be assigned a volunteer position with R.P.M.H. If you are accepted for volunteer service, you will be required to participate in an orientation process.

