

# Mercy Medical Center

## Volunteer Service Application (Adult)

Last Name	First Name	MI	Social Security Number	Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address		City	Zip Code	Home Phone Number
Employer	Business Phone Number		Occupation	
School Attending/Attended	Field of Study		email address	
Local Emergency Contact Person				Telephone Number
I am interested in volunteering in the following service area: <input type="checkbox"/> Direct patient and family contact <input type="checkbox"/> Office Support <input type="checkbox"/> Gift Shop <input type="checkbox"/> Information Desk <input type="checkbox"/> Mercy Express <input type="checkbox"/> Lifeline <input type="checkbox"/> Patient Escort				
I bring the following work/volunteer experience and skills:			Foreign Language spoken fluently: <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____	
Have you ever been convicted of a crime or plead guilty to a crime (including withheld judgements, plea bargains and dismissals)? Crimes include: felonies, misdemeanors, traffic violations, etc. In many cases answering yes does not automatically exclude you from volunteering. If yes, please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Have you ever been accused, disciplined, found guilty of or convicted of any type of harassment, violence or infraction involving dishonesty or financial impropriety in the workplace? If yes, please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Please list (2) personal references: (Do not include relatives) Name: _____ Address: _____			Contact Phone #:	
Name: _____ Address: _____				

### Confidentiality and Commitment Statement

I understand and agree that in the performance of my duties as a volunteer at Mercy Medical Center, I must abide by all policies and procedures, including to hold as strictly confidential all personal health information that I may obtain directly or indirectly concerning patients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

I am volunteering my services to Mercy Medical Center, solely for my personal purposes or benefit without promise or expectation of compensation or benefits. I agree to serve as a volunteer without salary for a period of 100 hours or more.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE					
Volunteer Number	TB, Rubella, Rubeola clearance ü _____ ü _____ ü _____	Assignment		Orientation: <input type="checkbox"/> Completed <input type="checkbox"/> ID Badge <input type="checkbox"/> Uniform	<input type="checkbox"/> Service description signed <input type="checkbox"/> Service competency completed <input type="checkbox"/> HIPAA confidentiality signed <input type="checkbox"/> Other
Interview	Start Date:	Trainer:	<input type="checkbox"/> Department notified		