



Volunteer Application

(Please PRINT and fill in all blanks)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Business Address: _____ Phone: _____

Social Security No. _____

Person to contact in case of emergency: Name _____

Relationship _____ Phone: _____

Address: _____

Doctor's Name: _____ Phone : _____

Date of Birth: _____ Volunteer Experience: _____

How would you judge your health? Excellent _____ Good _____ Fair _____

Would you be available in case of a disaster? _____

Day(s) you are available to volunteer: (please circle) M T W TH F Sat Sun

Hours you are available: _____

References: (List two)

Name	Years Known/ Relationship	Address/Phone
1.		
2.		

Have you ever been convicted of, sentenced for, or plead Nolo Contendere to, a felony?

Yes _____ No _____ If so, please describe below: (In accordance with company policy this information will be reviewed for volunteer relatedness and time since last conviction)

Incident _____ City/ State _____ Charge _____

Signature: _____ Date: _____

For Office Use Only:

- | | |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

VOLUNTEER CODE OF ETHICS

As a HEALTH CENTRAL HOSPITAL Volunteer, I agree to:

1. hold as absolutely confidential all information that I may obtain directly or indirectly concerning patient and staff, and I will not seek to obtain confidential information.
2. be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
3. wear an approved uniform and maintain a professional appearance while on my volunteer service.
4. complete orientation, in-service training, and re-orientation as scheduled.
5. carry out assignments and seek the assistance of my supervisor when necessary.
6. take any problems, criticism, or suggestions to the office of *Volunteer Services*.
7. adhere to the Volunteer Services department's sign-in procedures.
8. notify my department coordinator and endeavor to find a substitute in the event that I must be absent.

I understand that the director or coordinator of *Volunteer Services* reserves the right to terminate my volunteer status as a result of:

- (a) failure to comply with HEALTH CENTRAL HOSPITAL'S policies, rules, and regulations.
- (b) unsatisfactory attitude, work, or appearance.
- (c) any other circumstances which, in the judgment of the department director or coordinator, would make my continued service as a volunteer contrary to the best interests of the organization.

I have read each of the above conditions, and I agree to be bound by them.

Volunteer's Signature: _____ Date: _____