

Volunteer Experience

Have you had volunteer experience: Yes No

If yes, tell us about your previous volunteer experience

Please provide the names of two individuals, you have known for greater than 3 years, who would be willing to give a character reference for you

Name	Phone

Availability and Interest

Please tell us in a few sentences why you would like to become a volunteer at SRMC

Please check the days and hours you are available for a volunteer assignment

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Please review the enclosed "Auxiliary Services" and select below the areas you are interested in

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Information Desk | <input type="checkbox"/> Emergency Dept | <input type="checkbox"/> Nutritional Service | <input type="checkbox"/> Inpatient Surgery Recovery |
| <input type="checkbox"/> Breast Health Center | <input type="checkbox"/> Events/Fundraising | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> STARS |
| <input type="checkbox"/> Cancer Registry | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Physical Rehabilitation | <input type="checkbox"/> Women's & Children's Reception |
| <input type="checkbox"/> Charts | <input type="checkbox"/> Navigator | <input type="checkbox"/> Surgery Information | <input type="checkbox"/> Women's & Children's Nursery |
| <input type="checkbox"/> Vial of Life | <input type="checkbox"/> NICU | <input type="checkbox"/> Outpatient Recovery | <input type="checkbox"/> Women's & Children's Post Partum |
| <input type="checkbox"/> Pastoral Care | | | |

Do you have any physical or medical conditions that may limit your ability to perform the duties of a volunteer: Yes No

If yes, what accommodations do you require?

What do you consider your strength as a volunteer?

What would present the toughest challenge to you as a volunteer at SRMC?

Do you enjoy taking a leadership role, or do you prefer to assist others?

How would you handle the stress and emotions that come with working with patients/family members who are dealing with life threatening illnesses?

Some volunteer jobs require volunteers to work independently without direct supervision. Do you prefer to have a supervisor readily available or are you comfortable working alone. Please explain

Have you ever been convicted of a crime (other than a traffic infraction)? Yes No
If yes, indicate the nature and date of the occurrence:

Confidentiality

Please read and initial at the bottom indicating that you have read and understand the confidentiality requirements at SRMC.

I understand and agree that in the performance of my duties as a volunteer at SRMC, I must hold patient information in confidence. Hospital volunteers have an ethical responsibility to protect patient privacy. Information regarding patients must not be released, disclosed, or discussed either inside or outside the hospital.

There are laws, both state and federal, safeguarding patient records and penalties for the release of confidential information without patient authorization. I understand all may result in action including possible termination, fine, or imprisonment.

As a volunteer, I will consider all confidential information that I hear about patients, families, and hospital personnel as private.

Initials:

Background Check and Personal Statement

I certify that the information provided in this application is true and complete. I understand any false information, misrepresentation, or concealment of fact is sufficient grounds for immediate discharge by SRMC.

I understand and agree that all information furnished in this application may be verified by SRMC. I hereby authorize all individuals and organizations named or referred to in this application, and any records repository, or law enforcement organization, to give SRMC all information relative to my employment, work habits, character, credit history, and any criminal records. I hereby release such individuals, organizations, and SRMC from any and all liability for issuing, receiving, and using any such information. I agree that, if accepted, I will abide by the philosophy and all policies and procedures established by SRMC. I further understand that either the hospital or I can terminate my role as a volunteer at any time for any reason.

Initials:

Placement

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

The volunteer service is not obligated to provide a placement, nor are you obligated to accept the position offered.

Initials:

SUBMIT