



at Midwestern Regional Medical Center

Winning the fight against cancer, every day.®

Health Date: _____
Orientation Date: _____
Svc. Assignment: _____
Training Date: _____

VOLUNTEER SERVICES DEPARTMENT

TEEN VOLUNTEER APPLICATION

PLEASE PRINT

Name: _____ Date: _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Social Security No: _____

E-Mail Address: _____

Parent's Contact Phone Number: _____

School Name: _____ Current Grade: _____

VOLUNTEER EXPERIENCE:

<u>Organization</u>	<u>Volunteered From --- To ---</u>	<u>Duties</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had a paid job? _____ If yes, where did you work and what were your duties? _____

What clubs or organizations do you belong to? _____

What leadership roles have you held, if any? _____

PARENTAL PERMISSION:

I confirm that my son/daughter has my full approval to volunteer at Midwestern Regional Medical Center and is at least fourteen (14) years of age.

(Parent's Signature)

(Date)

MY AVAILABILITY:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

REFERENCES:

Name Phone Number Relationship (i.e.: Supervisor, co-worker, neighbor, etc.)

Address City State Zip

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Activities or conditions you must avoid: (Please list): _____

INTERESTS : (Please check those you would be willing to share as a volunteer)

Patient Service Roles: Patient Transport / Escort Distribution patient materials/deliveries Lead Activities
 Patient Visiting Rounds Greeting Patients Hospital Tours Entertainment

Personal Skills: Needlework (specify): _____ Sewing Crafts Game host
 Musical Instrument (specify): _____
 Other (specify): _____

Area of special interest in volunteering: _____

My signature indicates my approval for Midwestern to check my references. I understand that the volunteer service department is not obligated to provide a placement, nor am I obligated to accept the position offered. The above information is accurate and correct to the best of my knowledge.

Signature

Date

CODE OF ETHICAL BEHAVIOR

If accepted as a hospital volunteer, I agree that:

1. I shall recognize and acknowledge that all information concerning patients at MRMC is highly privileged and confidential. It is my personal responsibility to protect the privacy of the patients. In accordance with this responsibility, I promise never to place medical information about any patient in the hands of an unauthorized person, or leave confidential information, like the patient census sheets, where the public might gain access to that information. I shall not discuss a patient's medical information with non-family members, visitors, the press, non-medical hospital staff or any person outside of the hospital. All medical records are the property of the patient and MRMC and are to be used only to provide quality care to the patient. I understand that if I should disclose any confidential information obtained as a result of my volunteer service at Midwestern, my service as a volunteer will be immediately terminated.
2. I understand that the computer systems at Midwestern Regional Medical Center contain patient information of a confidential nature. I further understand that if I am given access to that information, it is a breach of trust for me to share my Password or Username with any unauthorized individual.
3. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
4. I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of (a) failure to comply with medical center policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which in the judgment of the department Director, would make my continued services as a volunteer contrary to the best interests of the hospital.
5. I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be required as part of my volunteer service. I authorize the person(s) making tests of x-ray films to report the results to the medical center.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
7. I shall attempt to resolve any problems related with my volunteer activities with my supervisor, and if unsuccessful, attempt to resolve any such problems with the Director of Volunteer Services.
8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
9. I shall, at all times, uphold the philosophy and standards of the hospital and the Volunteer Services Department.
10. I shall not solicit any business for attorneys or insurance companies "for compensation," on or off medical center property, or act as a runner or capper for an attorney in the solicitation of business. I understand that such activity is a crime. I shall report all known occurrences of solicitation for attorneys to the Director of Guest Services.

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

Signature

Date