

Application for Volunteer Services



Date: _____

Mr. Mrs. Miss.

(Last Name) (First) (Middle)

Birth day: _____ (Month/Day/Year) Driver's License: _____ SS#: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

E-mail Address: _____ Are you retired? Yes No

Marital Status: ___ Married ___ Single ___ Widowed ___ Divorced

If married, is spouse currently volunteering at the hospital? Yes No

Place of Employment: _____ Position: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____ Relationship: _____

Personal Physician: _____ Phone: _____

Physical or Emotional Limitations: _____

Training and Experience: _____

Time Available: (indicate time and day) a.m.: _____ p.m.: _____ Evening: _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Have you ever been convicted or admitted guilt to a felony? Yes No

How did you hear about volunteering? Newspaper TV Event Word of mouth Other

Volunteer Agreement

I understand that I am applying to be a volunteer, **not a paid employee**, at Baylor Scott & White Medical Center – Sunnyvale. I understand that I am authorized **solely** to perform tasks assigned specifically to me. I understand that I must follow all rules and regulations of Baylor Scott & White – Sunnyvale. I understand that all information concerning Baylor Scott & White – Sunnyvale and its patients is **strictly confidential**, and I hereby agree to maintain this confidentially. I understand that Baylor Scott & White – Sunnyvale is not obliged to provide a volunteer placement for me, nor am I obliged to accept a volunteer position, if one is offered.

I agree to accept full responsibility and to hold harmless Baylor Scott & White – Sunnyvale, its employees, directors, officers or agents 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 Baylor Scott & White – Sunnyvale and the Volunteer Services Department. I understand that failure to comply with such rules and regulations may be cause for my removal from the Volunteer Program. I understand Baylor Scott & White – Sunnyvale may terminate my volunteer services for any reason (or no reason) and at any time.

Date: _____ Signature: _____ Print Name: _____

Please provide two letters of references.

CONFIDENTIALITY NONDISCLOSURE

All patient/employee/volunteer/employer group/provider/applicant/member information is considered confidential. The medical record (patient/member's chart) is a legal document. All past mental and physical histories and the care and treatment a patient/member receives, are communicated in the medical record. The information in the medical record belongs to the individuals listed above; however, the actual (hard copy) record belongs to Baylor Scott & White Medical Center – Sunnyvale.

All health care workers or volunteers, whether directly or indirectly involved in the care of a patient/member, must use discretion when discussing patient/member information. Information obtained from Information Systems relating to the above individuals' personal or medical information should not be discussed or released to anyone unless absolutely necessary for work processes.

All information regarding the above individuals must be protected. Only information pertinent to the care of those persons should be communicated by appropriate personnel. Violation of this confidentiality can result in disciplinary action, up to and including termination. Additionally, release of information including test results, adoption and HIV information, without proper authorization, could result in civil and/or criminal penalties. All requests from family or friends for information should be referred to the attending physician. All other requests for information on the above individuals should be referred to Baylor Scott & White – Sunnyvale Health Information Services Department.

If confidential information is being discussed or otherwise inappropriately disclosed by employees or volunteers, the incident should be reported to a supervisor. Also employees and volunteer must be cognizant of where confidential information is discussed (e.g., the cafeteria, open hallways, the gift shop, elevators, etc. are inappropriate areas to be discussing confidential information). Employee or volunteer questions regarding confidentiality should be referred to the employee or volunteer's supervisor or the Director of Health Information Services.

I understand that, if my job or volunteer functions require Baylor Scott & White – Sunnyvale Information Systems computer access, my computer user ID is personal and must not be shared with anyone. I agree to maintain the privacy and confidentiality of any patient, employee, volunteer, employer group, provider or Health Plan member information as it is available on the system.

Signature _____

Print Name _____

Social Security Number _____

Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION FOR A CRIMINAL BACKGROUND CHECK TO Baylor Scott & White Medical Center – Sunnyvale

I hereby authorize Baylor Scott & White Medical Center – Sunnyvale, or its duly accredited representative bearing this Release, to obtain any information from schools, present or former employers, a consumer reporting agency operating under the Fair Credit Reporting Act, places of public record, or individuals, relating to my activities. This information may include, but is not limited to, academic, achievement, performance, attendance, personal history, disciplinary, or public criminal records. I further hereby direct the release of such information upon the request of the bearer of this Authorization. I understand that such information to be released is for use by Baylor Scott & White – Sunnyvale and may be disclosed to such third parties as necessary in order to determine whether I qualify for a volunteer position at Baylor Scott & White – Sunnyvale.

I hereby release any individual or entity, including record custodians, from any and all liability for damages of any kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with the objectives of this Authorization.

Name of Applicant for
Volunteer Position

Signature of Applicant for
Volunteer Position

Date of Birth

Date

Social Security Number