

# Voluntary Service and Observation Application

Last name		First name		Middle initial
Nickname		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Social Security number
Address		City	State	ZIP
Home phone	Mobile phone		Email	

Community affiliations (Organizations)				
Previous volunteer experience				
Have you volunteered with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, dates of service		Positions held
Current or previous employer		Employer phone		Date started Date ended
Previous employer		Employer phone		Date started Date ended
Current licenses or certifications				
Special hobbies or interests				
Scheduling preferences <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				
Please check skills you would be willing to share as a volunteer <input type="checkbox"/> Arts/crafts <input type="checkbox"/> Book club <input type="checkbox"/> Computer <input type="checkbox"/> Cashier/retail <input type="checkbox"/> Clerical/filing <input type="checkbox"/> Special projects <input type="checkbox"/> Nursing/medical <input type="checkbox"/> Repairing <input type="checkbox"/> Listening <input type="checkbox"/> Hospitality <input type="checkbox"/> Additional skills/comments:				
Hospital preference <input type="checkbox"/> Medical Center (Tulsa) <input type="checkbox"/> Owasso <input type="checkbox"/> Broken Arrow <input type="checkbox"/> Sapulpa				

## Emergency contact information

Emergency contact name	Relationship
Home phone	Work phone

## Applicants 18 and under, please fill out this section

Parent name	Work phone	Home phone
Parent name	Work phone	Home phone
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you completed the 9th grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	High school you attend:
Scrub top size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-large	Summer program students, please check preference: <input type="checkbox"/> Monday/Wednesday <input type="checkbox"/> Tuesday/Thursday	

### Personal or professional references (Excludes relatives and must be more than 18 years old)

Reference name	Phone
Address	How long have you known this person?
Reference name	Phone
Address	How long have you known this person?

Have you ever been sanctioned by, excluded, or disbarred from Medicare, Medicaid, or any government agency? ☐ Yes ☐ No

If yes, please explain:

Have you ever been found guilty of a felony or misdemeanor or, had a conviction or deferred sentence, or do you currently have a pending charge for any felony or misdemeanor? ☐ Yes ☐ No

If yes, please explain:

Are you charged with an unresolved criminal charge (charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge)? ☐ Yes ☐ No

If yes, please explain:

Has your driver's license been revoked or suspended in the last five years ? ☐ Yes ☐ No

If yes, please explain:

### Statement of confidentiality

Through my association with Ascension St. John Health System or its subsidiaries, including Ascension St. John Auxiliary (hereinafter collectively "Ascension St. John"), as a volunteer, I understand that patient information in any form (paper, electronic, oral, etc.) is protected by law and that breaches of patient confidentiality can have severe ramifications up to and including termination of my relationship with Ascension St. John as well as possible civil and criminal penalties for myself. I will not improperly access, use, or divulge any information which comes to me through the carrying out of my duties and assignment or observation. All volunteers are held accountable to maintain confidentiality of all patient information, in accordance with HIPAA and other applicable law, and confidential business information of Ascension St. John not available to the public. This includes, but is not limited to:

- Discussing any patient or any information pertaining to any patient with anyone (even my own family) who is not directly working with said patient.
- Discussing any patient information in any place where it can be overheard by anyone who is not authorized to have this information.
- Mentioning any patient's name or admitting directly that any person named is a patient except to those authorized to have this information.
- Describing any behavior which I have observed or learned about through association with Ascension St. John, except to those authorized to have this information.
- Contacting any individual or agency outside of this institution to get personal information about an individual patient unless a release of information has been signed by the patient or by someone who has been legally authorized by the patient to release information.
- Carrying over any personal relationship that I have developed with a patient during the course of care or observation of the patient, into my off duty hours.
- Not using confidential Ascension St. John-related information in any manner not required by the job or disclose it to anyone not authorized to have or know it.

### Consent to obtain credit check and perform criminal background check

Pursuant to the requirements of the Fair Credit Reporting Act, we are notifying you that we may obtain a Credit Report+ with information about you to assist us in determining whether you are eligible for volunteering. You are hereby notified that you have the right to request a copy, upon proper identification, of the investigative background report contained in Ascension St. John files on you at the time of your request.

*I have read the above Statement of Confidentiality and agree to abide by the obligations listed. Additionally, I have read the consent to obtain credit check and perform criminal history background check and grant permission for a background check to be conducted.*

VOLUNTEER SIGNATURE

PRINTED NAME

DATE

*If you are 18 or older, your signature indicates your approval for us to check references, conduct a criminal background investigation. Ascension St. John is not obligated to provide a placement, nor are you obligated to accept a volunteer position if one is offered. Ascension St. John does not discriminate based on disability, religion, race, creed, national origin, age, gender, or any other status protected by law. The Ascension St. John Auxiliary is a membership organization. Active adult members pay annual dues of \$10.00 per year, pay for required uniform, agree to work no less than 50 hours per year and serve a minimum of six months upon acceptance as a member.*

## Values acknowledgment

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Our Values are Service of the Poor, Reverence, Integrity, Dedication, Creativity, and Wisdom. I understand that as a volunteer, my actions support and fulfill our Mission and Values. I acknowledge I accept the responsibilities of the daily behaviors listed as our Values.

As a volunteer, I acknowledge my contribution toward leading with quality. My job performance, attendance, and conduct contribute to quality patient care, good business practices and healthy working relationships with co-workers. I have read and understand the Values and agree to embrace and exhibit these behaviors. I will abide by and support all Ascension St. John volunteer guidelines and policies and any department specific policies, and procedures applicable to service to Ascension St. John.

## Email and internet agreement

I am familiar with the internet and email security policies of Ascension St. John, and I agree to abide by them. I am aware that my unauthorized or inappropriate use of the internet may result in disciplinary action against me up to and including fines and/or termination. I further acknowledge my responsibility to keep my password confidential and in the event of a suspected compromise or a security problem I will immediately notify the Information Technology Security Administrator. In addition, when sending files or attachments via e-mail, I will observe all Ascension St. John security and confidentiality policies.

I understand that the privilege of using the internet and email may or may not be granted to me in the future and that, if granted, is to be used for business reasons only.

## Volunteer agreement

If accepted into the volunteer program, I agree to:

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients, patients and staff, and not to seek to obtain confidential information from a client or patient.
2. Become familiar with the organization's policies and procedures and uphold its philosophy and standards.
3. Donate my services to the organization without contemplation of compensation or future employment.
4. Be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
5. Purchase and maintain an appropriate uniform and maintain a well-groomed appearance during my volunteer time.
6. Attend orientation and in-service training as scheduled.
7. Carry out assignments and seek the assistance of the position supervisor when necessary.
8. Take any problems, criticism, or suggestions to my service area supervisor or to the Volunteer Coordinator or Director of Volunteer Services.
9. Serve a specified number of hours on a schedule acceptable to the organization and me.
10. Adhere to the department's sign-in and recording of hours procedures.
11. Notify the volunteer services office if unable to volunteer as scheduled and find a substitute according to the volunteer substitution policy.
12. Honor a six-month commitment to volunteer service with the first three months being a probationary period. At the end of three months, I may meet with the volunteer coordinator to re-evaluate my volunteer position.
13. Hold harmless and release Ascension St. John and its officers, directors, employees, volunteers, and agents from liability for damages, injuries or illnesses resulting to me while participating in volunteer activities, not occasioned by fault or neglect on the part of Ascension St. John.
14. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with organizational policies, rules, and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, service, or appearance, or (d) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the organization.

I hereby certify that all the above statements are complete, true, and correct. I understand that any misrepresentation, falsification and/or omission of the facts as stated or implied on this application or any volunteer form or document and/or during the interview process, may disqualify me from further consideration for volunteer service and may be considered justification for dismissal if discovered at a later date. I hereby authorize Ascension St. John to investigate the truthfulness of any and all statements made on this application, on any volunteer form/document or during interviews.

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VOLUNTEER SIGNATURE

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PRINTED NAME

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DATE

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DEPARTMENTAL REPRESENTATIVE SIGNATURE

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PRINTED NAME

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DATE

Consent for minor to participate in volunteer activities

This will authorize my (our) child/ward, \_\_\_\_\_ [print name] ("Minor"), a minor, to participate in such volunteer activities at Ascension St. John Health System and/or its affiliates ("Ascension St. John"), as from time to time may be prescribed by Ascension St. John's director of volunteer services or designated representative. I/(we) understand that the services of Minor are donated to Ascension St. John without compensation or contemplation of future employment, and are given for humanitarian, religious, or charitable reasons. I/(we) release Ascension St. John and its officers, directors, employees, volunteers, and agents from liability for damages, injuries or illnesses resulting to Minor, not occasioned by fault or neglect on the part of Ascension St. John, while participating in such volunteer activities.

In the event Minor requires emergency medical treatment while participating in volunteer activities, I/(we) appoint the medical staff of Ascension St. John as my (our) agent to consent, on my (our) behalf, for Minor to receive any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care ("Emergency Treatment"), which the aforementioned physician(s) in the exercise of his/her reasonable judgment may deem advisable, whether such diagnosis or treatment is rendered at the office of said physician(s) or at Ascension St. John. I/(we) agree to pay for any Emergency Treatment which is provided to Minor. I/(we) authorize Minor to receive two (2) TB tests, at Ascension St. John's expense, unless I/(we) have proof of a negative reaction within the last year. I/(we) agree to provide a current copy of Minor's immunization history to Ascension St. John's Department of Volunteer Services ("Volunteer Services Office"). I/(we) further authorize Minor to have a flu shot, at Ascension St. John's expense, and complete a form that indicates proof of flu vaccine each flu season to be kept on record in the Volunteer Services Office. If the flu shot is administered somewhere other than Ascension St. John, I/(we) will obtain a copy of the record, so the necessary form can be completed and returned to the Volunteer Services Office.

_____ PARENT SIGNATURE	_____ PRINTED NAME	_____ DATE
_____ PARENT SIGNATURE	_____ PRINTED NAME	_____ DATE