



Tuality Healthcare

Building a healthier community.

TUALITY HEALTHCARE ADULT VOLUNTEER APPLICATION

LAST NAME _____ FIRST NAME _____ MI _____

PREFERRED NICKNAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE NUMBER _____ E-MAIL ADDRESS _____

HOME PHONE # _____

PERSONAL INFORMATION

SOCIAL SECURITY # _____

DATE OF BIRTH _____

DRIVER'S LICENSE # _____

Please describe work experience and skills _____

Have you ever been convicted of a crime? Yes _____ No _____

Existence of a criminal record does not constitute an automatic bar to volunteering.
All circumstances will be considered in relation to the position in which you are placed.

Emergency Contact –

In the event of an emergency, please notify:

NAME _____

CELL PHONE # _____

RELATIONSHIP _____

HOME PHONE # _____

MEDICAL INFORMATION

PHYSICIANS NAME: _____ PHONE NUMBER _____

I have talked with the Volunteer Services Department about the physical requirements of the potential volunteer job, position, and I am qualified and able to perform the essential functions of the job.

Yes _____ No _____

AVAILABILITY

Please check the days you are available for a volunteer assignment:

MON. _____ TUES. _____ WED. _____ THURS. _____ FRI. _____ SAT: _____ SUN: _____

Shift preferred: Morning _____ Afternoon _____ Evening _____

PERSONAL REFERENCE (NON-FAMILY)

Name _____ Phone # _____

VOLUNTEER EXPERIENCE

Have you ever served as a volunteer before? Yes _____ No _____

If you have volunteered before,

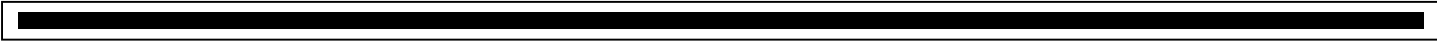
Where _____

Your volunteer duties included _____

Other than to help people, why do you want to volunteer for Tuality Healthcare? _____

TUALITY LOCAL COACH DRIVERS ONLY:

I am in good physical and mental health to safely operate a motor vehicle for the purpose of transporting TLC customers. If my physical or mental health changes, I will immediately inform the TLC Coordinator. Tuality Healthcare has my permission to review my DMV record.



ALL APPLICANTS: I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that volunteers are not employees of Tuality Healthcare and that if accepted as a volunteer, I do not expect and will not be paid or receive any remuneration for my services as a volunteer. I have received Tuality Healthcare’s Volunteer Handbook containing department procedures and I agree to abide by the volunteer personnel policies of Tuality.

Applicant’s Signature _____ Date _____

Disclosure and Authorization – Criminal Record Report

DISCLOSURE: Tuality Healthcare may wish to obtain and use a criminal record report about you from an investigating agency when considering your application to volunteer, when deciding whether to offer a volunteer position, when deciding whether to continue your volunteerism, and when making other volunteer-related decisions directly affecting you. The agency may be considered a “consumer reporting agency.” A criminal record report may be considered a “consumer report.” These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. As an applicant for a volunteer position, you are a “consumer” with rights under FCRA.

A consumer reporting agency is a person or business that, for monetary fees or dues or on a cooperative non-profit basis, regularly assembles or evaluates consumer criminal record information, for the purpose of furnishing such information to others, such as Tuality Healthcare.

A criminal record report is any written, oral, or other communication of any information by character, general reputation, personal characteristics, or mode of living that is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment/volunteer purposes.

If Tuality Healthcare obtains a criminal record about you, and if Tuality Healthcare considers any information in the criminal record report when making a volunteer placement related decision that directly affects you, you will be provided with a copy of the criminal record report. You may also contact the Federal Trade Commission about your rights under FCRA as a consumer with regard to consumer reports and consumer reporting agencies.

AUTHORIZATION: By signing below, I hereby voluntarily authorize Tuality Healthcare to obtain a criminal record report on me from a consumer reporting agency and to consider that report when making decisions regarding volunteering at Tuality Healthcare.

I understand that this document shall be kept on file and may be used at any time up to one (1) calendar year to the date signed below. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present or future.

Signature

Date

Name (printed)

**Honoring our patients' right to
confidentiality is our ongoing commitment.
Please help us meet this goal.**

VOLUNTEER ANNUAL CONFIDENTIALITY STATEMENT

As a volunteer, I understand that I may come in contact with confidential information-both clinical and employee related through written records, documents, ledgers, internal verbal correspondence and communications, electronic programs and applications. I will not access, nor do I have the right to review or disclose personal information, medical or otherwise, except when fulfilling my volunteer responsibilities.

I agree not to divulge or disclose to anyone other than those persons of the corporation who have the “need to know” directly or indirectly, either during or after my volunteering, any confidential information acquired during the course of my volunteering.

I understand and acknowledge that in the event I breach any provision of this agreement, Tuality Healthcare has the right to reprimand, suspend and/or terminate my volunteer work, with or without notice.

Please Use Ink

Volunteer Name (print)

Volunteer Signature

Date

**All information that you see and hear in the hospital,
remains in the hospital; and is not shared with others in the hospital,
unless it is information needed to do their job.
PUT A LID ON IT!**



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