**VOLUNTEER APPLICATION**

**(applicants must be 18 years of age or older)**

We improve health one patient at a time in a friendly and professional culture committed to superior quality and safety. Our volunteers play a large role in delivering quality services, by serving in a variety of ways throughout the hospital. Our volunteers must possess self-motivation and reliability.

 Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever volunteered before? ❑ Yes ❑ No

If so, what type & where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What type of service would you prefer?

 ❑ Patient Care ❑ Clerical

❑ Special Interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our goal is to match qualified applicants with available positions. If we do not call you at this time, we will keep your application on file for six months.

Why do you want to volunteer at Kootenai Health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which volunteer service are you interested in? (check all that apply)

 ❑ Adult Volunteer ❑ Nightingales (retired nurse volunteers)

❑ Pet Therapy (certified dogs only) ❑ Injury Prevention/Community Outreach (Pediatric – Adult)

 ❑ Mended Hearts (previous heart patients)

Please check the day(s) you would be available to volunteer:

 ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday

 ❑ Friday ❑ Saturday ❑ Sunday

How long do you intend to volunteer at Kootenai Health?

❑ Less than six ❑ Six to twelve ❑ One year or

 months months longer

Please check the times you would be available to volunteer:

 Mornings Afternoons Evenings

 ❑ Approx. ❑ Approx. ❑ Approx.

 8am-noon noon-4pm 4-8pm

Please check your desired activity level:

**Very Active**

 **Moderately Active Limited Activity**

❑ Capable of walking distances and ❑ Some walking ❑ Requires mostly sitting

pushing wheelchairs

Do you have a friend who is currently a Kootenai Volunteer? ❑ Yes ❑ No

If so, Name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES:** Personal or Professional

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have current or previous work experience? ❑ Yes ❑ No

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the skills you can share with us:

 ❑ Customer service ❑ Retail Other skills:

 ❑ Computers ❑ Leadership

In the event of illness, injury or emergency, contact:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Kootenai Health completes a background check on all volunteers prior to service.*

Have you, at any age, ever been convicted of a crime (including withheld judgments, or other plea agreements, and any pending charges)? Crimes include: felonies, misdemeanors, traffic violations, etc. Note: Answering "yes" does not automatically exclude you from volunteering. ❑ **No** ❑ **Yes**

If yes, or not sure, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*In the spirit of safeguarding patients – as well as you, our employees, faculty, physicians, staff, students and volunteers – a mandatory flu vaccination policy has been implemented across Kootenai Health.*

\*I understand that Kootenai Health volunteers are required to receive an annual flu vaccination. Individuals with severe reactions to any component of the flu vaccine, other than egg proteins, must provide written documentation from their primary care physician stating such and will be required to wear a mask while volunteering during the flu season.

❑ **Yes Please check the box to the left and initial here:**

If accepted as a volunteer, I:

1. Certify all statements made on this application to be true, correct, and complete to the best of my knowledge and made in good faith.
2. Agree to the use of confidential information only as needed to perform my volunteer duties. This means I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, revise, alter, or destroy any confidential information that belongs to Kootenai Health. I understand that I will be automatically dismissed as a volunteer if I do not respect my responsibility for maintaining confidentiality.
3. Agree to donate my services to Kootenai Health and to give for humanitarian, religious, or charitable reasons.
4. Shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.
5. Shall submit to health screen examinations, which may include chest X-rays and a blood drawn TB test as part of my volunteer services application. I also authorize the person(s) making tests or x-ray films to report the results to the volunteer office.
6. Shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
7. Shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Director of Volunteer Services.
8. Shall make my best effort to fulfill my commitment to Kootenai Health by completing all assignments that I accept.
9. Shall uphold the mission of the organization at all times.
10. Authorize a reference & criminal background check, as well as investigation of any and all statements contained in this application, for the purpose of determining volunteer decisions.
11. Understand that the volunteer services department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules, and regulations; (b) 3 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 service as a volunteer contrary to the best interests of the patients and Kootenai Health.
12. I understand and agree to a 90-day probationary period commencing upon my first shift to ensure all duty requirements.

Signature of Applicant Date

*We consider applications for all volunteer positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected adult.*

 **BELOW FOR OFFICE USE ONLY:**

 **Service Area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Date By

1. Application received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Interview Scheduled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Position description signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name badge picture \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. TB Test scheduled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. General Orientation Scheduled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. OIG background check performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. HR Background check & ID badge forms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Parking permit issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. TB test cleared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Update sent to Historian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Service Chairperson contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Volunteer paperwork/tests received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Orientation/wheelchair forms received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Flu vaccine paperwork received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL COMMENTS:**