

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? _____

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 On call Spiritual Support Volunteer (nights)
 Pet Therapy (certified dogs only) Injury Prevention/Community Outreach (Pediatric – Adult)
 Mended Hearts (previous heart patients) Nightingales (retired nurse volunteers)

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 months
- Six to twelve months
- One year or longer

Please check the times you would be available to volunteer:

- | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| Approx. 8am-noon | Approx. noon-4pm | Approx. 4-8pm |

Please check your desired activity level:

Very Active

Moderately Active

Limited Activity

- Capable of walking distances and pushing wheelchairs
- Some walking
- Requires mostly sitting

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. _____

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.

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. I understand that volunteering is contingent upon successfully passing a drug screening test per Kootenai Health Policy.
3. 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.
4. 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.
5. Agree to donate my services to Kootenai Health and to give for humanitarian, religious, or charitable reasons.
6. 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 of Volunteer Services Manager to engage in these activities.
7. Shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
8. 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 Volunteer Services Manager.
9. Shall make my best effort to fulfill my commitment to Kootenai Health by completing all assignments that I accept.
10. Shall uphold the mission of the organization at all times.
11. 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.
12. 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 Manager, would make my continued service as a volunteer contrary to the best interests of the patients and Kootenai Health.
13. 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:

Volunteer Name: _____

Service Area: _____

	Date	By
1. Application received	_____	_____
2. Interview Scheduled	_____	_____
3. Position description signed	_____	_____
4. Name badge picture	_____	_____
5. Drug screening scheduled	_____	_____
6. General Orientation Scheduled	_____	_____
7. OIG background check performed	_____	_____
8. HR Background check & ID badge forms	_____	_____
9. Parking permit issued	_____	_____
10. TB and drug screening 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:

Please return entire completed application to:

Kootenai Health Volunteer Services 2003 Kootenai Health Way Coeur d'Alene, ID 83814