

UNITY HEALTH - WHITE COUNTY MEDICAL CENTER

Application to Serve as a Volunteer

PLEASE COMPLETE YOUR APPLICATION FULLY. IF YOU NEED MORE SPACE, PLEASE USE A SEPARATE SHEET OF PAPER. **PAGES 2, 3 & 4 MUST BE SIGNED.**

Please Print: Application Date _____ Date of Birth _____

First Name _____ MI _____ Last Name _____

Mailing Address _____ Phone (____) _____

Physical Address _____ Cell (____) _____ Do you text? _____

City _____ State _____ Zip Code _____ Email _____ @ _____

Preferred method of communication: (circle one) Text Email Phone

Emergency Contact _____ (relationship) _____ Phone (____) _____ Cell _____

Emergency Contact _____ (relationship) _____ Phone (____) _____ Cell _____

Physician Name _____ Phone _____ Allergies _____

Education: (please mark all that apply.) _____ High School

_____ Technical school Area of Study _____

_____ Junior College Area of Study _____

_____ College Area of Study _____

Special training or skills: _____

Previous Employer: _____ Type of work _____

Have you ever been convicted of a felony _____ if yes please explain: _____

Do you have any physical handicaps or limitations? (Please explain) _____

Have you volunteered elsewhere _____ Name of organization _____

What did you do for that organization _____

REFERENCES: (must be completed)

<u>Name</u>	<u>How do these persons know you?</u>	<u>Phone number</u>
1. _____ / _____ / (____) _____		
2. _____ / _____ / (____) _____		
3. _____ / _____ / (____) _____		

AVENUES OF SERVICE: (Please check all that interest you) Our volunteer shifts are 3 and 4 hours in length.

_____ Information Desk _____ Guest Service Cart _____ Materials Management _____ Chaplain on-call

_____ Gift Shop, Sales _____ Messenger _____ CCU Waiting Room _____ Other

_____ Admitting Escort _____ Infant Gowns/Caps _____ Clerical

Would you prefer to work on the _____ WCMC (3214 East Race) or _____ Specialty Care (1200 Main) or _____ No preference

How did you hear about the WCMC Volunteer Program? _____

Why do you want to volunteer? _____

What would you most like to do _____ least _____

Preferred day of week to serve _____ Preferred time of day _____

MEMBERSHIP DUES & JACKETS

Membership dues for the Unity Health WCMC Auxiliary are:

Active \$4.00 per year

Inactive \$10.00 per year

Life Time \$100.00 onetime fee

Fiscal Year is from June 1st thru May 31st. Dues are payable at the Annual Awards Luncheon the first Wednesday of June to the Auxiliary Treasurer.

The Auxiliary provides the first jacket or vest and patch upon orientation. Replacement jackets may be purchased for \$20 (includes patch). Jackets and vests should be returned upon resignation.

YOU APPLICATION WILL BE REVIEWED BY THE UNITY HEALTH WHITE COUNTY MEDICAL CENTER AUXILIARY BOARD OF DIRECTORS. YOU WILL BE CONTACTED BY MAIL OR PHONE AFTER YOUR APPLICATION HAS BEEN PROCESSED.

Thank you for your interest in the WCMC Volunteer program.

Applicant's Signature _____

Date: ____/____/____

UNITY HEALTH WHITE COUNTY MEDICAL CENTER
VOLUNTEER STATEMENT OF COMMITMENT

1. My services are donated to WCMC. I do not expect compensation, future employment or other benefits to be granted me for my voluntary services.
2. I will complete my duties in a professional manner, conducting myself with dignity, courtesy and consideration of others.
3. I will be punctual, arriving and leaving for my assigned shifts so that the work of the Volunteers is not disrupted.
4. I will at ALL times uphold the standards and mission of WCMC.
5. I understand that I must undergo periodic TB testing as a condition of my continued volunteer status.
6. I understand that my services are voluntary. I will not accept any remuneration or gift offered me for that service by a patient, family member or member of the public.
7. I understand that I must comply with the mandatory training as established by WCMC.
8. I will attempt to resolve any problems I may experience, first with my team leader and then with the Volunteer Coordinator.
9. I will not attempt to sell goods or services, request donations, solicit signatures, distribute petitions or publication of any kind on White County Medical Center property without the express written authorization of the Director of Volunteer Services.
10. I understand that I may be dropped from the WCMC Volunteer program.

Behavior which may result in my being dropped includes but not limited to:

- (a) Failure to comply with WCMC rules or policy.
- (b) Breach of Confidentiality.
- (c) Absences with out prior notification.
- (d) Unsatisfactory attitude, work or appearance.
- (e) Theft of WCMC property.
- (f) Any other circumstances which would make my continued service undesirable to WCMC.

I HAVE READ THESE CONDITIONS AND AGREE TO BE BOUND BY THEM.

Signature: _____ Date: ____/____/____

Statement of Confidentiality

As a Unity Health WCMC Volunteer, I understand and agree to the following:

1. I understand that all information which I may obtain directly or indirectly concerning current or former patients, physicians, employees or others who have or have had any relationship with WCMC **is absolutely confidential.**
2. I understand that as a WCMC Volunteer my remarks concerning WCMC, its patients, policies, employees and operations will be taken as inside information and absolute truth by others.
3. I will not disclose, discuss, confirm or deny any confidential information with anyone except as specifically instructed in the course of duty.
4. I understand that a breach of confidentiality is a legal offense and that WCMC, the Volunteer program and I personally may be sued as a result of such a breach on my part.
5. I understand that if I do breach confidentiality I will be dropped from the WCMC Volunteer Program.

I have read the above conditions. I understand them and understand that I am bound by them as a WCMC Volunteer.

Applicants Signature: _____

Date: ____/____/____

Please complete all pages and return with your application to the WCMC Director of Volunteer Services, or mail to:

**Unity Health
White County Medical Center
Director of Volunteer Services
3214 East Race Avenue
Searcy, AR 72143**