

**VOLUNTEER APPLICATION**

Please indicate what facility you would like to do your volunteerism.

- La Porte
- Porter
- Starke

First Name	M.I	Last Name	Date of Birth	Volunteer Category	
			___/___/___	<input type="checkbox"/> Student (14-17) <input type="checkbox"/> Adult (18 and up)	
<b>Please check all that apply:</b>		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____			
Address 1	Address 2		City	State	ZIP
Home Phone #	Cell Phone #	Email Address			
Marital Status		Spouse First Name	Spouse Last Name		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed					
Emergency Contact (EC) Name		EC Relation	EC Phone #		
Education Information					
High School	City		State	Grade Completed	
College/University	City		State	Degree	
College/University	City		State	Degree	
Computer Skills (check all that apply)	Community Organization Involvement or Affiliations (please fill in)				
<input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Others: _____	_____ Organization _____ Position _____ _____ Organization _____ Position _____ _____ Organization _____ Position _____				
<b>Have you ever been an employee of Northwest Health Hospital?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Employee or Retiree of:</b> _____					
<b>Relatives that are currently employed at any of the above listed?:</b> _____			<b>Relationship:</b> _____		
<b>Availability:</b> (circle and check all that apply): <b>S M T W T H F S</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening					
<b>Do you have any restrictions that might affect your volunteer placement?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes; Please Explain:					

**Parental/Legal Guardian Consent (needed if volunteer is 17 and under)**

I hereby give permission for my daughter/son to volunteer at Northwest Health hospitals and certify that all information is correct. I give permission for my child to have a 2-step PPD screening for tuberculosis, a flu vaccination, and a five-panel urine drug screen that I will be present for. All will be given at Northwest Health hospitals at no charge, providing my child returns to the same location within 48 hours after receiving the TB test to have it read by a certified professional. Failure to do this will render the test invalid. I understand that my child cannot begin her/his service until the results of his/her tests have been confirmed. I also understand that when my child has completed his/her service, the volunteer attire and badge will be returned to the Volunteer Services Department. Failure to return these items could result in payment for them.

\_\_\_\_\_ (Parent or Guardian Signature)

\_\_\_\_\_ (Date)

**Volunteer Commitment**

- I authorize my references to provide information to Northwest Health hospital Volunteer Services that is relevant to my volunteerism.
- I agree to abide by the policies and regulations of Northwest Health hospitals.
- I agree to respect the dignity and rights of each individual and maintain all patient information in STRICT CONFIDENCE. I understand that violations of any of the policies of Northwest Health hospitals may result in my immediate dismissal from the Volunteer Program.
- I understand that I must pass a New Volunteer Screening with Colleague Health that includes a Two-Step PPD screening for tuberculosis, a flu vaccination, and a five-panel urine drug screen before my volunteering may begin.
- I understand that if I am over 18, a criminal background check and OIG Sanction check will be conducted before my volunteering may begin.
- I understand that making the minimum three-month commitment to volunteer means that I will be present and on time as scheduled.
- I understand, if accepted as a volunteer, I will be subject to a review to ensure my volunteer placement coincides with the policies and procedures Northwest Health hospitals
- I understand that volunteerism is subject to conditions of the Drug Free Workplace Act of 1998.
- I also understand that when I have completed my service at Northwest Health hospitals, the volunteer attire and badge will be returned to the Volunteer Services Department. Failure to return these items could result in payment for them.

\_\_\_\_\_ (Applicant Signature)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (SS# if 17 and under for TB tracking)

**COMPLETE BELOW IF YOU ARE 18 AND OVER**

**Northwest Health – Release of Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Maiden \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

I hereby authorize and give consent to the release of my criminal and/or traffic record to any and all city, county, state police and sheriff's departments to Northwest Health hospitals, or any affiliates, as is required for the purpose of volunteerism.

I hereby waive, release and surrender any and all rights to claims which I have against the city, county or state mentioned above, or any of its officers or employees as a result of the release of such records.

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Director/Manager

\*All service records will be kept for a minimum of three years