



Name: _____ Date _____
(Last) (First) (Middle)

Address: _____ City: _____

State: _____ Zip + 4: _____ email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If presently employed, name of firm: _____

Position: _____ Work hours & days: _____

Emergency Contact:

(Name) _____ (Relationship) _____

(Home Phone) _____ (Work Phone) _____

Are you able to:

| | | | | | |
|----------------------------------|-----|----|------------------------------------|-----|----|
| Walk throughout the hospital? | Yes | No | Stand for a period of time? | Yes | No |
| Transport persons by wheelchair? | Yes | No | Sit for a period of time? | Yes | No |
| Lift on occasion? | Yes | No | (please circle appropriate answer) | | |

How did you become interested in our Volunteer Program?

Have you volunteered for this organization before? _____

Education: _____

Volunteer Experience: _____

Are you a registered nurse? _____

Indicate hobbies / skills / special interests / foreign or sign language skills:

Please give any other information you feel pertinent to your application:

References: (Non-Relative)

• Name- _____ Telephone- _____

Address- _____ Occupation- _____

• Name- _____ Telephone- _____

Address- _____ Occupation- _____

• Name _____ Telephone _____

Address- _____ Occupation- _____

Name: _____

List current and/or previous employment.

A conviction record will not necessarily disqualify an applicant from volunteering. The circumstances of a conviction will be considered in relation to the nature and duties of the service for which you apply.

Do you have a record of founded child or dependent adult abuse in this state or any other? _____

If yes, explain (give dates): _____

Have you ever been convicted of a crime in this state or any other? _____

If yes, explain (give dates): _____

The information contained on this application is accurate and correct to the best of my knowledge.

Signature: _____

Date: _____

CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my duties as a volunteer of Trinity Regional Medical Center I must hold in strictest confidence any observations I may make or hear regarding clients, client families or staff.

I understand that intentional or involuntary violation of confidentiality may result in disciplinary action, including termination, by Trinity Regional Medical Center and/or possible legal action by others (i.e., clients, families of clients, etc.).

Signature: _____

Date: _____

I agree to the required TRMC orientation and TB Skin Test with the understanding this is necessary before I begin actual volunteer service at Trinity Regional Medical Center. I also agree to complete the required safety and education programs.

Signature: _____

Date: _____

Name: _____

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE, OR SEX.

As a volunteer, I understand that my vest or jacket, parking tag and Photo ID are provided by the Trinity Regional Medical Center Auxiliary and I will return them if I no longer wish to continue as a volunteer.

Signature: _____

Date: _____

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged.

I authorize Trinity Regional Medical Center to investigate all statements contained in this application for volunteering to include criminal, child and dependent adult abuse information in accordance with Iowa Code, Section 134C.33, as well as my character and qualifications. I release Trinity Regional Medical Center from all liability for actions performed in good faith and without malice in connection with evaluation of my application.

I authorize my prior employers, references, and others with information regarding my work, educational history or my character, to provide TRMC with all information requested and to cooperate fully with the investigation of my character and qualifications. I agree to cooperate in such an investigation, and release from all liability and/or responsibility all persons, companies, or corporations supplying such information.

Signature: _____

Date: _____

For Office Use Only:

| | |
|-------------------------|-------|
| Application Received: | _____ |
| Interview Scheduled: | _____ |
| Interview Complete: | _____ |
| BG Check to HR: | _____ |
| BG Check back: | _____ |
| EH Stats: | _____ |
| Orientation Dates: | _____ |
| Programs Interested In: | _____ |
| | _____ |