

SHARON REGIONAL  HEALTH SYSTEM
Advanced Care Close to Home

Volunteer Department • Lynn E. Pyle, Volunteer Coordinator
740 East State Street • Sharon, PA 16146 • 724-983-3805 • lpyle@srhs-pa.org

ADULT VOLUNTEER APPLICATION

PERSONAL INFORMATION _____ DATE _____

NAME _____
Last First

ADDRESS _____

TELEPHONE _____ MONTH & DAY OF BIRTH _____

EMAIL ADDRESS (If applicable) _____

EDUCATION: _____ High School _____ College _____ Post Graduate
Degree(s) _____

WORK STATUS: _____ Employed _____ Retired _____ Unemployed
Current or last place of employment _____

WHAT DO YOU HOPE TO GAIN FROM YOUR VOLUNTEER EXPERIENCE?

HOBBIES, SKILLS AND INTERESTS: _____

CLUBS AND ORGANIZATIONS TO WHICH YOU BELONG: _____

PRIOR VOLUNTEER EXPERIENCE: _____

AVAILABILITY FOR VOLUNTEER SERVICE (Circle all available days & hours)

DAYS:	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
TIMES:	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

POSSIBLE AREAS OF INTEREST (Please Check)

- | | |
|---------------------------------|--|
| _____ Outpatient Surgery | _____ Recreation / Activities |
| _____ Cancer Care Center | _____ Information Desk |
| _____ Hospital - Escort | _____ Medical Records |
| _____ Surgical Waiting Room | _____ Diagnostic Center: Breast Center |
| _____ Diagnostic Center: Escort | _____ Other |

EMERGENCY CONTACTS (Please list two):	
1. Name _____	Telephone _____
Address _____	
Relationship to you _____	
2. Name _____	Telephone _____
Address _____	
Relationship to you _____	

REFERENCES: Please list names and addresses of three (3) references that are not related to you.

1. Name _____
Address _____
Telephone _____
2. Name _____
Address _____
Telephone _____
3. Name _____
Address _____
Telephone _____

May we call your references? Yes ___ No _____

Do you have any physical or mental limitations which would interfere with your ability to perform the volunteer positions for which you have applied? Yes _____ No ___

May we call you for special events and/or short - term projects? Yes . No ___

VOLUNTEER PLEDGE:

Being eager to contribute all that I can to human betterment and believing that the word "VOLUNTEER" means to agree to work without compensation in money, I pledge to uphold the traditions and standards of Sharon Regional Health System.

Signature _____ Date _____

VOLUNTEER AGREEMENT

1. I agree that all hospital guests have the right to be treated in a respectful manner and to have their privacy protected. Therefore, I will hold confidential all information I may obtain during the course of my volunteer assignment. I will not discuss the facts of a patient's case with anyone not involved in the patient's care or treatment in the hospital or to tell other people the name or condition of any patient in the hospital.
2. I agree to comply with all the policies, rules and regulations of the hospital, the Volunteer Department; as well as those specific to my position assignment.
3. I agree not to accept payment or tips of any kind for my volunteer service at the hospital.
4. I agree to be punctual and reliable, and to notify the Volunteer department and/or my assigned work area supervisor prior to my scheduled arrival time when I am unable to report for duty. I also agree to follow the Volunteer department sign in/sign out procedure for recording my volunteer hours. I will conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
5. I agree to wear and maintain the approved volunteer uniform, maintain a well-groomed appearance and uphold the volunteer dress code wearing my ID badge at all times.
6. I agree to read the Self Learning Packet for Volunteer Orientation, the Volunteer Manual, attend an annual Volunteer Inservice and attend department training sessions as deemed mandatory by the hospital and the Volunteer department.
7. I agree to take any problems, criticism or suggestions to the Volunteer Coordinator.
8. I agree to honor my commitment to volunteer, with the first three (3) months being a probationary period.
9. I agree that the Volunteer department reserves the right to terminate me from the volunteer program as a result of:
 - A. Violation of hospital policies, confidentiality, rules or regulations
 - B. Excessive tardiness and/or absences without prior notification
 - C. Unsatisfactory attitude, work or appearance, insubordinate behavior
 - D. Any other circumstance which, in the judgment of the Volunteer department, would make my continued service as a volunteer contrary to the best interest of Sharon Regional Health System.

I have read the above conditions and I agree to be bound by them.

Signature _____ Date _____

**Sharon Regional Health System
Volunteer Department
Confidentiality Agreement**

I, _____, understand that information available through Sharon Regional Health System's information system is **confidential** and not to be discussed or copied except as deemed necessary to adequately perform my assigned job responsibilities.

While performing my job, I may learn of certain patient related information such as medical, HIV status, financial family matters, etc. Such information is considered to be absolutely confidential in nature and must not under any circumstances be shared with anyone, inside or outside the Health System, except for properly authorized individuals who have a legitimate need to know. If you have any questions about what persons are considered properly authorized, ask your supervisor or department manager first before sharing patient related or work related information.

Any inquiry from the media (press, radio, television) regarding Health System related matters should be referred to the Marketing Director immediately.

Any inquiry regarding Health System related matters received from persons such as attorneys, insurance investigators, legal agency representatives (federal, state, local) should be referred to the Risk Manager immediately.

I further realize that failure to maintain this confidentiality or irresponsible use of Information System functions are grounds for immediate disciplinary action or dismissal.

Volunteer Signature

Date