



VOLUNTEER APPLICATION

Adult, College Student, High School Student checkboxes

PERSONAL, EMERGENCY, REFERENCES AND SCREENING

Name, Birth Month and Day, Address, City/Zip, Primary Phone, Secondary Phone, Email, Current employer or school

In case of an emergency notify, Relationship to you, Primary Phone, Secondary Phone

Adult Applicant Non-Relative References

Name, Phone #, Email, Address, City, State, Zip (two entries)

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing, pled no contest for any offense other than minor traffic violations or are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?) Yes No If yes, attach statement.

Previous work, volunteer experience, and/or community involvement

Language(s) spoken other than English How did you find out about our volunteer program?

Special education, training, skills (including computer) and interests

Reason for volunteering

Type of service that interests you: Patient Area Guest Services Clerical Specialty Programs\*

Please check the times you would be available for volunteer assignments.

Adult Volunteers

Day(s) preferred: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours preferred (may vary): Early Morning Morning Afternoon Evening

Summer Student Volunteers / Program

Session One (4 weeks): 3rd week of June-2nd week of July, Monday-Friday AM, 3rd week of June-2nd week of July, Monday-Friday PM
Session Two (4 weeks): 3rd week of July-2nd week of August, Monday-Friday AM, 3rd week of July-2nd week of August, Monday-Friday PM

\* To be considered for one of our specialty volunteer programs, check all that apply. I am a: Cancer Survivor, Pet Therapy, Retired Nurse, Escort, Volunteer Advisor, Bariatrics

BACKGROUND AND REQUESTS

Once accepted into the volunteer program, I agree to give regular and dependable service to Carrollton Regional Medical Center.

Signature Date

Signature of parent or legal guardian if applicant is under 18 years Date

The application process includes a personal interview, checking of references, submitting to a criminal background check, completing a TB screening, a drug screening, and attending general volunteer orientation. Upon acceptance, you will receive training to enable you to efficiently perform your duties as a volunteer. It is expected that volunteers will comply with the hospital and department policies and guidelines.

**CARROLLTON REGIONAL MEDICAL CENTER**

**VOLUNTEER SERVICE AGREEMENT**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Are you 18 years of age or older? Circle one: YES NO

IF UNDER AGE 18, PARENT OR GUARDIAN MUST SIGN BELOW

Description of volunteer services to be performed: General hospital volunteering in patient facing and non-patient facing roles.

I understand and agree that:

1. If I am accepted as a participant in CRMC's Student Volunteer program, I will not be an employee or agent of CRMC, I will not be entitled to any compensation for my services (other than selected items of food), and I will not be entitled to any benefits from CRMC.
2. I will be required to comply with all regulations, policies that might apply to anyone working at or for the organization.

I understand and agree that no particular schedule or hours of service are guaranteed for the volunteer work I will perform for CRMC, that CRMC may determine at any time that it no longer needs such volunteer services performed, and that I may decide at any time to end my volunteer activities for CRMC. I further understand that CRMC assumes no responsibility or liability for my safety or for the consequences of my activities.

\_\_\_\_\_  
Student Volunteer Signature Date

\_\_\_\_\_  
Volunteer's Name - Printed

IF YOU ARE NOT 18 YEARS OF AGE OR OLDER, YOUR PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING STATEMENT AND SIGN IT.

I have read the Volunteer Service Agreement and confirm that \_\_\_\_\_ has my permission to participate as a volunteer in the program as described for CRMC.

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
CRMC Volunteer Manager Date

## CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement (hereinafter referred to as "Agreement") is entered into by and between \_\_\_\_\_ (hereinafter referred to as "Volunteer"), and Carrollton Regional Medical Center, including, its controlled and affiliated subsidiaries (hereinafter referred to as "Facility"), collectively referred to as "the Parties."

Volunteer will have access to and review confidential patient information as well as information regarding the operations of Facility maintained in electronic and/or paper form by Facility.

In consideration of the right to participate in the CRMC volunteer program, Volunteer hereby agrees and covenants:

Volunteer agrees not to access, use, disclose, or reproduce any confidential patient information for any other purpose, except as specifically permitted pursuant to Volunteer's duties. Volunteer further agrees to use appropriate safeguards to prevent access, use, disclosure, or reproduction of confidential patient information other than as provided herein.

Volunteer acknowledges that Volunteer has reviewed Carrollton Regional Medical Center's privacy policies and procedures and agrees to abide by them as adopted and amended from time to time and to maintain the confidentiality of all patient health information.

Volunteer acknowledges and understands that unauthorized access, use, disclosure, or reproduction of any patient information in violation of this Agreement will authorize Facility to prohibit Volunteer from providing any patient care on the premises of Facility. Volunteer further understands that certain unauthorized disclosure of patient information is punishable by fines and penalties imposed by Federal and State law(s).

Volunteer acknowledges and understands that if Volunteer is granted specific computer system access based on the nature and scope of Volunteer's assignment, Volunteer is prohibited from accessing or attempting to access any computer system in a manner that is not consistent with Volunteer's specifically assigned user rights.

Volunteer further agrees to indemnify and hold harmless Facility for any liability, expense or loss, including damages, exemplary damages and reasonable attorneys' fees which may be sustained by Facility as a result of any unauthorized disclosure of confidential patient information to any third party by Volunteer.

Upon request, Volunteer agrees to make available Volunteer's practices, books, personal items used in the hospital setting and records relating to use and disclosure of protected health information to the Secretary or an employee of the Department of Health and Human Services.

Volunteer agrees that in the event any amendments or corrections are made to the patient's protected health information such amendments or corrections will be incorporated into such records in Volunteer's possession.

The Parties agree that the patients whose confidential patient information is the subject of this Agreement are intended third party beneficiaries hereof.

Volunteer agrees to keep confidential and not disclose to others any knowledge and information obtained regarding Facility, including, but not limited to patient information, operational information, information regarding the business of Facility, its policies, procedures, guidelines or processes as well as information with regard to its agents, representatives, employees, contractors or credentialed or non-credentialed staff, whether such information is clinical or otherwise, unless Volunteer is involuntarily compelled to disclose such knowledge or information pursuant to a subpoena or other legal process.

Volunteer recognizes and agrees that the execution of this agreement is material consideration for allowing Volunteer the right to participate in volunteering opportunities at Facility. Volunteer further acknowledges and understands that a failure to abide by the terms of this agreement shall amount to a breach hereof and that any breach hereof may result in irreparable and continuing damage to Facility for which there will be no adequate remedy in damages. In the event of such breach, Facility will be entitled to pursue such relief as may be proper.

I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

\_\_\_\_\_  
Volunteer name (print)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature (if volunteer is a minor)