



MERCY MEDICAL CENTER

Please mail your completed application to:

Mercy Medical Center Auxiliary
 ATTN: Volunteer Manager
 2710 Rife Medical Lane, Rogers, AR 72756

MERCY MEDICAL CENTER VOLUNTEER APPLICATION

Name		Phone Number	
Mailing Address			
City		State	Zip
Street Address, City/State/Zip (if different)			
Date of Birth			
Email address			

Previous volunteer experiences (list places and dates of service):	
Hobbies or Special Skills:	
Why do you want to be a volunteer?	
Timeframe you would like to volunteer? <small>(Note: Short-term volunteers or those needing community service hours for tickets or legal offenses are not accepted into the Auxiliary.)</small>	

Check the areas where you may be interesting in serving:

- | | | |
|---|---|---|
| <input type="checkbox"/> 2 nd Floor Greeting | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Office/Clerical |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Baby Caps (Knit/Crochet) | <input type="checkbox"/> Surgery Waiting Room |
| <input type="checkbox"/> Magazine Distribution | <input type="checkbox"/> Chaplain | <input type="checkbox"/> Transport/Courier |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Shuttle Service | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> I am a Teen Volunteer | |

Times you would prefer to volunteer each week:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 am - Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noon - 4 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please complete second page)

Please provide 2 personal references:

Name	Phone
Relationship	
Name	Phone
Relationship	

I understand and agree that each time I volunteer, I will wear the Auxiliary uniform, which is an issued blue smock or jacket, black or khaki slacks or skirt, and rubber-soled, closed-toed shoes.

As a volunteer, I will follow the same guidelines as Mercy Health System coworkers. I will keep all information about patients confidential. I will not take an assignment that I cannot fulfill. I will try to find a substitute and will call my chairperson if unable to fulfill my volunteer assignment.

Please initial here _____

Have you ever been convicted of a crime other than a traffic offense? no yes

If yes, please explain: _____

In case of emergency, notify:

Name	Phone Number
Relationship	

**CONSUMER REPORT DISCLOSURE & RELEASE
DISCLOSURE**

In connection with your application to volunteer, a background check may be conducted from consumer reports requested from USIS Commercial Services ("USIS"). These reports may include the following type of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records. You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P. O. Box 33181, Tulsa, OK, 74153 or by phone at (800)381-0645.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE MENTIONED INFORMATION. USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being selected as a volunteer, or my continued service therein.

Print Applicant Name

Applicant Signature

Social Security Number

Date

FOR VOLUNTEER MANAGER USE ONLY

Interview Orientation Uniform TB Test
Background Check
Assigned Service: _____ Start Date: _____ Trained By: _____
Entered in database: _____ Comments: _____

VOLUNTEER COMPETENCIES

AS A VOLUNTEER OF MERCY MEDICAL CENTER I AGREE TO:

...follow the Mission, Vision, Values and Guiding Principles of the organization and understand, embrace, demonstrate, and communicate these in everyday work.

...align my own behavior with the Values, needs and priorities of the Auxiliary.

...communicate in a way that maintains others' trust, respect and dignity. I will think about the impact of my own behavior on others.

...work with others to be effective members of the Auxiliary.

...consider the common good as well as individual desires.

...be loyal to our Auxiliary as well as our hospital. If I have any criticism or complaint, I will report it to the Volunteer Manager, Auxiliary President, or my Chair.

...openly and willingly accept change and encourage other volunteers to accept change. Accept that the "we've always done it that way," may not be the best way.

...work to complement an environment where volunteers are expected to anticipate and exceed customer needs.

...have a genuine desire to help others, especially those in need. I will listen attentively to understand people's needs and emotional state, and overcome obstacles in serving them.

...derive real satisfaction from serving others.

...be courteous and cooperative at all times.

...provide a safe environment for patients, visitors, and staff.

...identify safety, infection control and work environment hazards with prompt resolution and/or reporting of problems.

...demonstrate current knowledge of response to announced codes when in the hospital.

...adapt to and work effectively with the various individuals involved in the Auxiliary.

...maximize the use of time along with value and seek opportunities to learn.

...build and maintain positive relationships with people.

VOLUNTEER AGREEMENT
AS A MERCY MEDICAL CENTER AUXILIARY MEMBER, I AGREE THAT:

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel and not seek to obtain confidential information from a patient.
2. My services are donated to the hospital without contemplation of compensation or future employment and given for humanitarian, religious or charitable reasons.
3. I shall not solicit any business for an attorney or an insurance company, either on or off hospital property. I shall report all known occurrences of solicitation for attorneys to the Volunteer Manager.
4. I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Volunteer Manager to engage in these activities.
5. I understand that Mercy Medical Center is a health organization, and it has an obligation to protect their patients from infectious diseases. As part of the infection control, I will participate with Tuberculosis testing and/or follow-up testing or screenings as may be required and will release this specific information to the hospital's health nurse.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and endeavor to make my work professional in quality.
7. I shall attempt to resolve any problems related to my volunteer activities with my Chair, and, if unsuccessful, attempt to resolve any such problems with the Auxiliary President and the Volunteer Manager.
8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
9. I shall at all times uphold the philosophy and standards of the hospital.
10. I understand that volunteers serve at the discretion of the Auxiliary Board and Mercy Health System of Northwest Arkansas Board of Trustees. In the event that a termination of volunteer's services occur, I can expect the dignity of private conversation as to the specific reason of termination which may include:
 - a. failure to comply with hospital policies, rules and regulations;
 - b. absences without prior notification; or
 - c. unsatisfactory personal conduct, attitude, work or appearance.

I have read each of the above conditions and I agree to each.

_____ **Signature of Volunteer**

_____ **Date**