


WINDBER
MEDICAL CENTER
VOLUNTEER APPLICATION
(Please Print)

Phone#: (814) 467-3643

Name of Applicant: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ E-mail address _____

Home Phone: () _____ Work: () _____ Cell: () _____

Employer: _____ Occupation: _____

Can receive calls at work: Yes No Emergency Only

Person to be notified in an emergency:

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Education/Special Training: _____

Work Experience: _____

Two Personal References (excluding family members). Please provide a complete address, as references are verified by mail.

Name: _____ Phone: () _____

Address: _____ City: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ Zip: _____

Identified Areas of Interest:

Patient/Family Care

Waiting Rooms Wing III Ambulatory Surgery Emergency Dept. Dining Services Alternative Therapies

Non-Patient Services

Clerical Fundraising Mailings Events/marketing Pastoral Courier Switchboard Data Entry
 grounds keeping /housekeeping pharmacy gift shop greeter Art Therapy Healthstyles Other _____

Do you know a language other than English? Yes No

Language: _____ Speak Read Write

Language: _____ Speak Read Write

Other Special Services: (*manicurist, hairdresser, masseuse, etc.*)

Do you have access to transportation? Yes No

How did you hear about our hospital volunteer program? _____

What qualities (skills, talents, knowledge, and experiences) do you feel you can incorporate into your hospital volunteer work? _____

Please list any degrees, certifications or professional licenses you hold: _____

Have you ever been an employee of Windber Medical Center? YES NO
If yes, please provide year and type of service _____

Are you age 18 or older? YES NO

Are you Active Duty or a Veteran of the U.S. Armed Forces? YES NO
If yes, please list branch served, rank and dates of service _____

Have you ever been convicted of anything other than a minor traffic offense? YES NO
If yes, please list the offense and date _____

Are you able to commit to four (4) hours of service per week? _____

Please indicate your availability:

8 am – noon M-T-W-T-F- S-S

If other than 4 hrs (more or less)

Noon – 4pm M-T-W-T-F-S-S

please indicate _____

4pm- 8pm M-T-W-T-F-S-S

Comments: _____

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I understand that any information that is disclosed to me while assisting the hospital is confidential.

I interpret “volunteer” to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

DECLARATION

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with the hospital.

Applicant Signature

Date