MERCY MEDICAL CENTER-CLINTON
Volunteer Services Department
1410 North 4th Street
Clinton, IA 52732

Volunteer Application

Last Name_____First Name_____

Address_____
Street City State Zip

Home Phone_____ email_____

Date of Birth_____ Education Completed_____

Do you have a record of founded child or dependent adult abuse? Yes _____ No_____
If yes, explain
_____

In case of emergency on duty, who is to be notified?

Name_____Relationship_____

Address_____Phone_____

What days are you available_____Hours_____

Would you be available for special projects or substitution? Yes_____No_____

Employment/Volunteer History:
Job Title_____Place_____# of Years_____

Hobbies, skills, special interests_____

Which of the following services do you prefer?

____ Ambassador/Concierge	____ Eucharistic Minister	____ Nuclear Med Waiting
____ Coffee Bar	____ Gift Shop	____ Patient Escort (Admit)
____ Cookie Cart	____ Information Desks	____ Surgical Waiting
____ Dog Therapy	____ Knitters & Sewers	____ Other
____ Drive Courtesy Car	____ Long Term Care	

Please list two references

Name_____ Phone_____

Name_____ Phone_____

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

As a volunteer, I

- Agree to attend the volunteer orientation and train until I am competent to perform the required duties
- Agree to comply with all the rules and regulations of the hospital and the Volunteer Department
- Understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines
- Agree to call my staffing chairman or volunteer director as soon as possible when I have scheduling changes
- I understand that a background check will be performed in the states of Iowa and Illinois and the results may be used to determine my eligibility in the volunteer program.

Confidentiality: It is the belief of this hospital that all medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion and disclosure. Therefore volunteers may look at, use, or disclose patient information **ONLY** as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and Mercy Medical Center

Signature Date