

I CARE In Action 2016 Volunteer Form

Houston Methodist encourages its employees to volunteer their time and talents to assist designated external nonprofit organizations that possess the mission, vision and values that align closely with Methodist and the communities we serve. Houston Methodist encourages all of its employees to demonstrate our I.C.A.R.E values not only inside of our hospital walls but out in the community as well.

Employee Instructions:

Step 1: Create your I CARE In Action volunteer profile by visiting www.houstonmethodist.org/icare . / **Step 2:** Register to volunteer at one of the approved organizations that is listed below. / **Step 3:** Complete the following form to show proof of volunteer service and have the form signed by the organization’s volunteer coordinator or designee. / **Step 4:** Upon completion of the volunteer activity, return this form to your Supervisor/Manager before the end of the pay period in which the volunteer hours occurred for hours to be coded according to the I CARE In Action Policy HR 68.

Manager Instructions:

Ensure that CARES pay code is only submitted for volunteering at approved organizations by reviewing a fully completed and signed I CARE In Action Volunteer Form provided by the requesting employee before the end of the pay period in which the volunteer hours occurred. Ensure that employees are paid correctly by coding the time and attendance system with the appropriate CARES code in a timely manner and in accordance with Policy HR 68 then retain this form in the department file for one calendar year.

- ❖ First Name: _____ MI: _____ Last Name: _____
- ❖ Job Title: _____ Department: _____
- ❖ Entity: _____ HM Email: _____
- ❖ Preferred Phone: (circle one) Work Home Mobile Work: _____
 Home Phone: _____ Mobile: _____
- ❖ Date of Volunteer Event: _____ Time Started: _____ Time Ended: _____ Total Hours: _____
- ❖ Please indicate the approved volunteer organization that was volunteered with by checking the box below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Access Health | <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> Nora’s Home |
| <input type="checkbox"/> Amazing Place | <input type="checkbox"/> Healthcare for the Homeless | <input type="checkbox"/> Northwest Asst. Ministries |
| <input type="checkbox"/> Bay Area Homeless Services | <input type="checkbox"/> Hope Clinic | <input type="checkbox"/> Point of Light Clinic |
| <input type="checkbox"/> Boys and Girls Club of Greater Houston | <input type="checkbox"/> Houston Area Women’s Ctr. | <input type="checkbox"/> San Jose Clinic |
| <input type="checkbox"/> Boys and Girls Country | <input type="checkbox"/> Houston Children’s Charity | <input type="checkbox"/> Spring Branch Community Clinic |
| <input type="checkbox"/> Brookwood Community | <input type="checkbox"/> Houston Food Bank | <input type="checkbox"/> The Rose |
| <input type="checkbox"/> Casa de Esperanza de Los Niños | <input type="checkbox"/> Interface-Samaritan Counseling | <input type="checkbox"/> The Women’s Home |
| <input type="checkbox"/> Christ Clinic | <input type="checkbox"/> Interfaith Community Clinic | <input type="checkbox"/> TOMAGWA |
| <input type="checkbox"/> Denver Harbor/Vecino Health | <input type="checkbox"/> Interfaith Ministries (Meals on Wheels) | |
| <input type="checkbox"/> Dress for Success-Houston | <input type="checkbox"/> Krist Samaritan Counseling Ctr. | |
| <input type="checkbox"/> El Centro de Corazon | <input type="checkbox"/> Legacy Community Health Services | |
| <input type="checkbox"/> Eye Care for Kids | <input type="checkbox"/> Memorial Asst. Ministries | |

I hereby certify that all of the above is true and correct.

HM Employee Signature: _____ Date: _____

Organizations Volunteer Coordinator/Designee Name: _____

Position: _____ Organization’s Phone: _____

Organization Designee Signature: _____ Date: _____