



I CARE In *Action* Hurricane Harvey 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.

Houston Methodist is proud to support employees interested in donating their time and talents to the many emergency shelters that have opened up as a result of Hurricane Harvey.

- ❖ 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 American Red Cross shelter that you plan to volunteer with by checking the box below:

- | | |
|--|---|
| <input type="checkbox"/> George R. Brown Convention Center | <input type="checkbox"/> Morton Ranch High School |
| <input type="checkbox"/> Toyota Center | <input type="checkbox"/> Old Matzke Elementary School |
| <input type="checkbox"/> NRG Center | <input type="checkbox"/> North Shore Senior High School |
| <input type="checkbox"/> Klein Multipurpose Center | <input type="checkbox"/> Hometown Heroes Park |
| <input type="checkbox"/> Cypress Ridge High School | <input type="checkbox"/> Gallery Furniture |

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: _____