

VOLUNTEER APPLICATION

PERSONAL DATA

SPECIAL SKILLS, TALENTS, HOBBIES, AND INTERESTS _____

LANGUAGES _____

Why do you want to volunteer at Houston Methodist The Woodlands? _____

Would you be interested in helping with extra projects, such as fundraising or special events? _____

PLEASE LIST TWO LOCAL PERSONAL REFERENCES (OTHER THAN FAMILY MEMBERS)

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

Have you ever been convicted of, or been on deferred adjudication for, or are you now either awaiting trial for, or on deferred adjudication for a felony or misdemeanor? Yes No

If yes, describe, including charges, dates, and locations _____

Are you now, or have you ever been excluded, debarred, suspended or otherwise declared ineligible to participate in federal or state healthcare program?

CONVICTION WILL NOT NECESSARILY BAR VOLUNTEER SERVICE.

PUBLIC LAW 91-508 REQUIRES THAT WE ADVISE THAT A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE INFORMATION CONCERNING YOUR CHARACTER, REPUTATION AND PERSONAL CHARACTERISTICS, AND MODE OF LIVING. YOU MAY OBTAIN A COPY OF THIS INFORMATION UPON WRITTEN REQUEST.

I HEREBY CERTIFY THAT THE INFORMATION I SUPPLIED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY INFORMATION I WITHHELD OR FALSELY PROVIDED IN CONNECTION WITH THE FOREGOING SHALL BE CAUSE FOR REJECTION OF THIS APPLICATION OR TERMINATION OF VOLUNTEER STATUS. I HEREBY AUTHORIZE THE HOUSTON METHODIST HOSPITAL SYSTEM, WITHOUT LIABILITY, TO CONTACT PRIOR EMPLOYERS (PRESENT EMPLOYERS IF AUTHORIZED) SCHOOLS OR REFERENCES, I HAVE GIVEN AND AUTHORIZE SAID EMPLOYERS, SCHOOLS OR REFERENCES TO MAKE FULL RESPONSE TO ANY INQUIRIES BY THE HOUSTON METHODIST THE WOODLANDS HOSPITAL IN CONNECTION WITH THIS APPLICATION FOR VOLUNTEER SERVICES.

VOLUNTEER SIGNATURE _____ DATE _____

VOLUNTEER APPLICATION

IF ACCEPTED AS A VOLUNTEER, I AGREE:

YOUR NAME _____

CONFIDENTIALITY AGREEMENT

I agree to use confidential or proprietary information only as needed to perform my volunteer duties. This means I will not access confidential or proprietary information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, revise, alter, or destroy any confidential or proprietary information belonging to Houston Methodist The Woodlands. I understand that I will be automatically dismissed as a volunteer if I do not respect my responsibility for maintaining confidentiality.

YOUR SIGNATURE _____ **DATE** _____

PLEASE PLACE YOUR INITIALS IN EACH OF THE DESIGNATED BOXES BELOW.

- My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious, or charitable reasons.
- I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off hospital property, or act as a runner or capper for an attorney in the solicitation business. I shall report all known occurrences of solicitation for attorneys to the Manager of Volunteer Services.
- I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petition on hospital premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.
- I understand that a background check will be completed prior to my serving as a volunteer.
- I shall submit to examinations, which includes drug screen, TB skin test or chest x-ray, influenza vaccination and/or appropriate laboratory test and immunizations, as part of my on-boarding for volunteer services. TB testing must be repeated annually. I also authorize the person(s) making tests or x-rays films to report the results to the hospital.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Manager of Volunteer Services.
- I shall make my best effort to fulfill my commitment to the hospital by contemplating all assignments that I accept.
- I shall at all times uphold the mission of the hospital.
- I understand that the volunteer services department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules, and regulations; (b) 3 absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstance which, in the judgment of the department's manager, would make my continued service as a volunteer contrary to the best interest of the hospital.

I HAVE READ EACH OF THE ABOVE CONDITIONS AND I AGREE TO BE BOUND BY THEM.

VOLUNTEER SIGNATURE _____ **DATE** _____

WITNESS CLAUSE

I agree that I have explained each of the conditions of volunteer services to the applicant who has signed this form.

DIRECTOR OF VOLUNTEER SERVICES SIGNATURE _____ **DATE** _____

VOLUNTEER APPLICATION



INDICATE TIME AVAILABLE TO WORK

	7:00 AM	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	5:00 PM	7:00 PM
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
SUNDAY													

IN AN EMERGENCY NOTIFY

NAME _____

RELATIONSHIP _____ PHONE (HOME) _____ PHONE (CELL) _____

PHYSICIAN'S NAME _____ PHONE _____

MAILING ADDRESS _____

When I leave the Volunteer Services Department, I am required to give two (2) weeks notice and turn in my badge. _____ (initial)

BELOW FOR OFFICE USE ONLY

COMMENTS:

VOLUNTEER INFORMATION



APPLICANT'S FULL NAME _____

ANY OTHER NAMES USED _____

SOCIAL SECURITY NO. _____ / _____ / _____ DATE OF BIRTH¹ _____

EMAIL ADDRESS (Provide if you prefer to receive information via email) _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE STATE _____ D.L. NUMBER _____ ADDRESS ON DRIVER'S LICENSE _____

NAME OF HIGH SCHOOL, COLLEGE, UNIVERSITY OR INSTITUTION OF PROFESSIONAL TRAINING WHERE YOU COMPLETED THE HIGHEST LEVEL OF EDUCATION (GED – PROVIDE STATE) _____

CAMPUS NAME _____ CAMPUS CITY _____ CAMPUS STATE _____

NAME ON GED OR UNDER WHICH YOU GRADUATED _____

YEAR(S) ATTENDED _____ YEAR GRADUATED/GED COMPLETED _____

PLEASE PROVIDE ANY CURRENT PROFESSIONAL LICENSES, CERTIFICATIONS, OR REGISTRIES YOU MAY HOLD:

NAME AS IT APPEARS ON LICENSE/CERTIFICATION/REGISTRY _____

TYPE _____ STATE/REGION OR ISSUING ORGANIZATION _____ COUNTRY _____ NUMBER _____

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*HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO (PLEASE ATTACH A SEPARATE SHEET OF PAPER TO PROVIDE ADDITIONAL ENTRIES)

OFFENSE _____ COUNTY _____ STATE _____ WHEN _____

OFFENSE _____ COUNTY _____ STATE _____ WHEN _____

Please provide all locations where you have resided in the past seven (7) years, beginning with your current residence. (Attach a separate sheet of paper to provide additional entries)

1. City _____ State _____ Date From _____ Date To _____

2. City _____ State _____ Date From _____ Date To _____

3. City _____ State _____ Date From _____ Date To _____

4. City _____ State _____ Date From _____ Date To _____

Additional Questions

1. If you have lived or worked outside of the United States, please provide your mothers maiden name as it may be required for criminal record searches.

STATE LAW NOTICES

Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. _____

California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. _____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. _____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature: _____ Date _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

VOLUNTEER INFORMATION



APPLICANT'S FULL NAME _____

ANY OTHER NAMES USED _____

SOCIAL SECURITY NO. _____ / _____ / _____ DATE OF BIRTH¹ _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE STATE _____ DRIVER'S LICENSE NUMBER _____

ADDRESS ON DRIVER'S LICENSE _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

MY PRESENT EMPLOYER MAY BE CONTACTED FOR A JOB REFERENCE. YES NO

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT I PROVIDE MY CONSENT.

SIGNATURE _____ DATE _____