

Northwest Health Porter

NORTHWEST HEALTH - PORTER VOLUNTEER APPLICATION

First Name	M.I	Last Name	Date of Birth	Volunteer Category						
			____/____/____	<input type="checkbox"/> Student (14-17) <input type="checkbox"/> Adult (18 and up)						
Please check all that apply:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____									
Address 1	Address 2	City	State	ZIP						
Preferred Phone #	Secondary Phone #	Email Address								
Marital Status		Spouse First Name	Spouse Last Name							
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed										
Emergency Contact (EC) Name (REQUIRED)		EC Relation	EC Phone #							
Education Information										
High School	City	State	Grade Completed							
College/University	City	State	Degree							
College/University	City	State	Degree							
Computer Skills (check all that apply)	Community Organization Involvement or Affiliations (please fill in)									
<input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Others: _____	<div> <div>Organization</div> <div>Position</div> </div> <div> <div>Organization</div> <div>Position</div> </div> <div> <div>Organization</div> <div>Position</div> </div>									
Have you ever been an employee of Northwest Health any of its entities? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Employee or Retiree of:										
Relatives that are currently employed at any of the above listed:			Relationship:							
Availability: (circle and check all that apply): S M T W T H F S <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening										
Do you have any restrictions that might affect your volunteer placement? <input type="checkbox"/> No <input type="checkbox"/> Yes; Please Explain:										

Parental/Legal Guardian Consent (needed if volunteer is 17 and under)

I hereby give permission for my daughter/son to volunteer at Northwest Health and certify that all information is correct. I give permission for my child to have a 2-step PPD screening for tuberculosis, a flu vaccination, and a five-panel urine drug screen at which I will be present for. All will be given at Workforce Health at no charge, providing my child returns to the same location within 48 hours after receiving the TB test to have it read by a certified professional. Failure to do this will render the test invalid. I understand that my child cannot begin her/his service until the results of his/her tests have been confirmed. I also understand that when my child has completed his/her service, the volunteer attire and badge will be returned to the Volunteer Services Department. Failure to return these items could result in payment for them.

(Parent or Guardian Signature)

(Date)

Volunteer Commitment

- ☐ I authorize my references to provide information to Porter Regional Hospital Volunteer Services that is relevant to my volunteerism.
- ☐ I agree to abide by the policies and regulations of Porter Regional Hospital.
- ☐ I agree to respect the dignity and rights of each individual and maintain all patient information in **STRICT CONFIDENCE**. I understand that violations of any of the policies of Porter Regional Hospital may result in my immediate dismissal from the Volunteer Program.
- ☐ I understand that I must pass a New Volunteer Screening with Workforce Health that includes proof of the following: Photo ID; Immunization Record (if available); Corrective Lenses (if applicable); TB test results (if done in the last 12 months); and a five-panel urine drug screen before my volunteering may begin.
- ☐ I understand that if I am over 18, a criminal background check and OIG Sanction check will be conducted before my volunteering may begin.
- ☐ I understand that making the minimum three-month commitment to volunteer means that I will be present and on time as scheduled.
- ☐ I understand, if accepted as a volunteer, I will be subject to a review to ensure my volunteer placement coincides with the policies and procedures of Northwest Health.
- ☐ I understand that volunteerism is subject to conditions of the Drug Free Workplace Act of 1998.
- ☐ I also understand that when I have completed my service at Porter Regional Hospital, the volunteer attire and badge will be returned to the Volunteer Services Department. Failure to return these items could result in payment for them.

(Applicant Signature)

(Date)

(SS# if 17 and under for TB tracking)

COMPLETE BELOW IF YOU ARE 18 AND OVER

Northwest Health - Porter- Release of Information

Last Name: _____ First Name: _____ M.I. _____ Maiden _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy): _____

I hereby authorize and give consent to the release of my criminal background history to Northwest Health, or any affiliates, as is required for the purpose of volunteerism.

I hereby waive, release and surrender any and all rights to claims which I have against the city, county or state mentioned above, or any of its officers or employees as a result of the release of such records.

Signature of Applicant

Director of Volunteer Services

*All service records will be kept for a minimum of three years