

# VOLUNTEER SERVICES APPLICATION

Mountain View Hospital District  
470 NE A Street  
Madras, Or 97741 475-3882 x5327

**(Must be 16 years of age or older.)**

Legal Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Other names used \_\_\_\_\_

Previous states lived in \_\_\_\_\_ *(If you previously lived in the state of California, please list specific Counties)* \_\_\_\_\_

Current employer \_\_\_\_\_ Address \_\_\_\_\_  
Dates employed \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Previous employer \_\_\_\_\_ Address \_\_\_\_\_  
Dates employed \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Volunteer experience \_\_\_\_\_ Dates \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Personal Reference: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

High School attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated \_\_\_\_\_ yes \_\_\_\_\_ no

College attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated \_\_\_\_\_ yes \_\_\_\_\_ no

School currently attending \_\_\_\_\_

Available: Mon Tues Wed Thurs Fri Sat Sun Hours: \_\_\_\_\_ Flexible \_\_\_\_\_ As needed \_\_\_\_\_

Areas of interest to volunteer \_\_\_\_\_

How did you learn about Volunteer Services at Mountain View? \_\_\_\_\_

Skills/Experience/Interests: (Please circle all categories that may be of interest to you in the future.)

- |                     |                            |                       |                        |
|---------------------|----------------------------|-----------------------|------------------------|
| Accounting          | Computer/ Data Entry       | Newsletter Production | Statistics             |
| Animals/Pet Therapy | Foreign Language           | Nursing               | Foundation Board       |
| Art/Graphics        | Friendly Visitor           | Organizing/Planning   | Teaching               |
| Audiology           | Greeter/Escort             | Photography           | Telephoning            |
| Board of Directors  | Home-based Projects        | Public Speaking       | Writing                |
| Bookkeeping         | Knitting/Crocheting/Sewing | Receptionist          | Thrift Store/Gift Shop |
| Calligraphy         | Library                    | Special Events        | Other _____            |
| Clerical/Office     | Music                      | Special Projects      | Other _____            |

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_yes \_\_\_\_\_no

If yes, what charge and what state? \_\_\_\_\_

Can you perform the essential functions of the position you are applying for with or without reasonable accommodation, including the attendance requirements? \_\_\_\_\_

The above information is accurate and correct to the best of my knowledge. I understand this information may be used to determine my eligibility to volunteer at Mountain View Hospital.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Please read and sign Volunteer Agreement on reverse side.)**

## VOLUNTEER AGREEMENT

If accepted as a volunteer at Mountain View Hospital, I agree to the following:

1. I will hold all information that I may obtain directly or indirectly concerning patients, doctors, or staff, as **absolutely confidential** and will not seek to obtain information from patients. In addition, I will not solicit my political or religious beliefs to patients, their families, and/or staff.
2. My services are donated to the hospital without contemplation of compensation or promise of future employment.
3. I will submit to medical screening which may include: TB skin test and/or immunizations that may be necessary as part of my volunteer assignment.
4. I understand that a criminal background check will be required prior to beginning volunteer service.
5. I agree to commit to my volunteer position for a minimum of three months.
6. I will be punctual and conscientious; conduct myself with dignity, courtesy and consideration of others; and endeavor to make my work professional in quality.
7. I will make every effort to resolve any problems related to my volunteer assignment with my supervisor and the Volunteer Coordinator.
8. I will make my best effort to fulfill my commitment to Mountain View Hospital by completing all volunteer assignments that I accept.
9. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of failure to comply with hospital policy; absences without prior notification; unsatisfactory behavior, work, or appearance; or any other circumstance which in the judgment of the Volunteer Coordinator, would make my continued service as a volunteer contrary to the best interests of the hospital.
10. I understand that it is a violation of the hospital policy to solicit business or act as an agent for outside business or to solicit business from patients or staff.
11. I will not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital property, unless I receive the express authorization of the Volunteer Coordinator.

I agree to the above conditions and consent to and authorize Mountain View Hospital to complete a criminal background check.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature if volunteer  
is under 18 years of age

\_\_\_\_\_  
Date



CONSENT TO PERFORM CRIMINAL  
HISTORY BACKGROUND CHECK AND  
VERIFY COMPLIANCE (including OIG and GSA) ELIGIBILITY

Print legal name:

Last	First	"Preferred First"	Middle Name
-	-	/	/
Social Security Number		Date of Birth	

If you have lived outside of the state of Oregon, please list other states (and counties if known).

This authorization and consent for release of personal information acknowledges that Mountain View Hospital District. (MVH) and/or its agent, Trak-1 Technology, may conduct a thorough criminal history investigation background check including but not limited to criminal history information on file with local, state or federal agencies. This also authorizes MVH to check for exclusion from participating in federal health programs and exclusion from receiving federal contracts and certain types of federal financial and non-financial assistance and benefits.

In addition, I release and discharge MVH and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information.

After reading this document, I fully understand its contents and authorize the background verification.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## PRE-VOLUNTEER DRUG TESTING

I, \_\_\_\_\_, authorize Mountain View Hospital District Laboratory to collect urine samples for the purpose of drug testing. I understand I am required to submit this sample before I may be considered for Volunteer Services. In addition, I authorize the laboratory to release copies of or permit examination of medical records which may indicate whether or not drugs are present in my system to the Volunteer Services Coordinator. I understand that information to be released may be protected by Federal Law. My signature below acknowledges that I have read and that I understand the above statements and give my consent thereto.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HUMAN RESOURCES

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COLLECTED BY

\_\_\_\_\_  
DATE