

VOLUNTEER APPLICATION

Note: You must be 18 years or older to apply

Date: ____/____/____ Name: _____
Print (last) (first) (m.i.)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

E-mail address: _____ Birthdate: _____

How did you hear about our program? _____

Why would you like to volunteer at Houston Methodist Willowbrook Hospital? _____

CURRENT EMPLOYER (if any): _____

Job Title: _____

HIGHEST LEVEL OF EDUCATION: ☐ High School ☐ Trade ☐ College ☐ Graduate School

School Name: _____ Major: _____

LANGUAGES SPOKEN: _____

LIST COMPUTER SKILLS: _____

SPECIAL SKILLS, TALENTS, HOBBIES OR INTERESTS: _____

Emergency Contact: _____
Print (last name) (first name)

Home Phone: _____ Cell Phone: _____

Relationship to applicant (Mother/Father/Sister/Brother/Friend, etc.): _____

AVAILABILITY

Please check the boxes that apply

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Can you commit to working a minimum of 150 hours per year? (at least 1 day per week / 4 hours per day)

Yes ☐ No ☐

If "No" – What length of time are you able to commit to volunteering?

2 – 3 months ☐ 3 – 4 months ☐ 4 – 6 months ☐ other ☐

Please select one volunteer program that best fits your interest and availability:

- ☐ **Healthcare Experience** – You are looking for an assignment that will help you expand your education in a clinical setting. You are considering a career in healthcare and would like experience or exposure into the hospital environment from a patient's perspective. You are specifically looking for patient contact
- ☐ **Long-Term** – You are looking for a way to give back and want to volunteer for the social or philanthropic reward. You are a retiree, recently moved to Houston, or looking to fill your time with a rewarding volunteer experience.
- ☐ **Resume Builders** – You are currently unemployed and want to keep your resume and skills fresh. You are currently seeking employment and plan to volunteer temporarily until you find employment.

VOLUNTEER EXPERIENCE

HAVE YOU HAD PRIOR EXPERIENCE AS A VOLUNTEER? YES ☐ NO ☐

IF "YES", WHERE? _____ HOW LONG? _____

NAME OF SUPERVISOR: _____ PHONE NUMBER: _____

IF ACCEPTED AS A HOUSTON METHODIST VOLUNTEER, I AGREE THAT:

1. I will use confidential information, only as needed to perform my volunteer duties. I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, revise, alter, or destroy any confidential information belonging to Houston Methodist Willowbrook Hospital. I understand that I will be automatically dismissed as a volunteer if I do not respect my responsibility for maintaining confidentiality.
2. My services are donated to the hospital and given for humanitarian, religious, or charitable reasons.
3. 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 of 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 Volunteer Coordinator.
4. 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 Volunteer Coordinator to engage in these activities.
5. I shall submit to the physical screenings, which may include chest X-rays, skin test, and appropriate laboratory test, as a condition of my acceptance into the volunteer program. I also authorize the person(s) performing tests or x-rays films to report the results to the hospital.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.

7. I shall attempt to resolve any problems related to my volunteer activities with my unit/department supervisor, and, if unsuccessful, attempt to resolve any such problems with the Volunteer Coordinator.
8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
9. I shall at all times uphold the mission of the hospital.
10. 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. Three (3) absences without prior notification;
 - c. Unsatisfactory attitude, work or appearance; or
 - d. Any other circumstances which, in the judgment of the Department Director, would make my continued service as a volunteer contrary to the best interests of the hospital.

I have read all of the above conditions and I agree to adhere to them.

Volunteer Signature

1. Will you agree to practice the following while serving as a volunteer at Houston Methodist Willowbrook Hospital?

ICARE VALUES (Integrity, Compassion, Accountability, Respect, Excellence)

Yes ☐ No ☐

2. Will you agree to a yearly TB test?

Yes ☐ No ☐

3. Will you agree to a yearly flu shot?

Yes ☐ No ☐

4. Will you agree to a drug screening and a background check prior to serving as a volunteer?

Yes ☐ No ☐

5. If you are dissatisfied in your service, will you agree to speak directly to the Volunteer Coordinator to try to resolve the issue before resigning?

Yes ☐ No ☐

6. If you resign or complete your duties as a volunteer, will you turn in your picture **ID badge** before leaving?

Yes ☐ No ☐

7. Are you able to purchase your uniform? (**Cost - \$20.00**). Black or khaki slacks (no jeans, shorts, or capris) are required with the volunteer jacket along with closed toe shoes. Men must wear a collared shirt with their volunteer vest.

Yes ☐ No ☐ Size: Sm ☐ M ☐ L ☐ XL ☐

I HAVE READ THE ABOVE REQUIREMENTS AND AGREE TO UPHOLD THEM WHILE SERVING AT HOUSTON METHODIST WILLOWBROOK HOSPITAL AS A VOLUNTEER.

Volunteer Signature

_____/_____/_____
Date

Methodist Willowbrook Hospital # 3088

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 D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(☐ 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 _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

*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 for the past seven (7) years, starting with your current residency.

(Please 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.

Methodist Willowbrook Hospital # 3088
VOLUNTEER DISCLOSURE & AUTHORIZATION

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. _____ / _____ / _____ Date of Birth¹ _____
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ D.L. Number _____
Address on D.L.: _____

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** _____

www.PreCheck.com info@precheck.com
ph: 800-999-9861 fax: (800) 207-2778

Nevada Private Investigator License # 1618

Ver0813