Lakeside Campus	
Medical Campus	

COVENANT HEALTH SYSTEM VOLUNTEER APPLICATION

Name (Last, First, Middle)	Date	
Drivers License, State, Number	Social Security Number	
Date of Birth Month Day Year	Email	
Street Address	Home Phone ()	
City, State, Zip	Cell Phone ()	
Have you ever been convicted of a felony or misdemeanor? Yes ☐ No ☐		
(A conviction may be relevant if job-related, but does not necessarily bar you from volunteering.) If YES, state circumstances, place(s), date(s):		
Please list your choice of availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday		
Special information/concerns we need to know: (health, skills, or training, language, etc)		
Emergency Contact Name, Number, and Relationship:		
Are you interested in assisting with special projects/recruiting? Yes No		
How did you here about our volunteer program? Friend Internet Advertisement Other Self Publication		
Name & number of two personal references: 1		

CODE OF ETHICS

Working as a volunteer is a generous act, but it is also a privilege, which entails certain responsibilities. While at the hospital, volunteers must adhere to the same Code of Ethics practiced by the professional staff.

- A volunteer represents the hospital while in uniform and should act in a manner commanding respect for himself/herself, the hospital and the medical staff.
- 2. All information regarding patients and their families is strictly confidential.
- 3. A volunteer will not use his association with the hospital to seek the free medical advice or favors for himself or others.
- 4. Should a volunteer observe anything that seems to be amiss in the hospital, he/she should direct any questions or opinions to the volunteer office 725-6075 or 725-0465, not to patients, friends, or associates.
- 5. A volunteer must make sure he/she understands instructions. If in doubt, he/she should ask for clarification before acting.

(Initial that you have read)	