



# Providence Medical Center

[www.providencekc.com](http://www.providencekc.com)

## Application for Volunteer Services

\_\_\_ Providence Medical Center    \_\_\_ Saint John Hospital    \_\_\_ Providence Place

### Personal Data:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
*Last First M.I.*

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
*(Please include area code)*

Address \_\_\_\_\_ Email \_\_\_\_\_  
*Street City State Zip*

### Educational Data:

Education, high school or college \_\_\_\_\_ Degree(s) \_\_\_\_\_

Special skills, training or experience \_\_\_\_\_

Prior business or volunteer experience \_\_\_\_\_

Are you interested in a specific area(s) or department(s)? If so, please list in order of preference.

**References: (Do not list relatives) Please list individuals who can confirm special skills, training experience noted above.**

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Day Telephone</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**Employer or Former Employer:** \_\_\_\_\_

Address \_\_\_\_\_

Supervisor or Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employment dates \_\_\_\_\_

If no longer employed, reason you left \_\_\_\_\_

Position \_\_\_\_\_ Responsibilities: \_\_\_\_\_



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Have you been convicted of a criminal offense related to healthcare?  Yes  No

Have you been listed by a federal agency as debarred, excluded or otherwise ineligible for federal healthcare program participation or, do you have a controlling interest in an entity that has been so excluded or suspended?  Yes  No

Have you ever been convicted of any crime including a misdemeanor, felony or other violations of the law? (Do not include minor traffic violations, i.e., speeding tickets, parking tickets)  Yes  No

Have you ever made diversion agreements, plea bargains or no contest pleas?  Yes  No

If you answered yes to any of the 4 questions above, please explain on a separate piece of paper and attach to this application. (Note: Records of convictions do not necessarily prohibit volunteer service)

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## Authorization

I certify that the information provided on this application (and all attachments) is true and complete. I understand that Providence Medical Center or Saint John Hospital will not be able to consider an incomplete application. I understand that any false statements, misleading representations or omissions may disqualify me from further consideration for volunteer service and result in discharge, if discovered at a later date. I understand that Providence or Saint John will seek to verify and confirm information provided in this application. I authorize agencies, persons, schools, my current employer (if applicable) and previous employers/organizations named in the application to provide Volunteer Services with any relevant information including consumer reports, regarding a volunteer assignment. In doing so, I release all such persons from any liability regarding the provision or use of such information.

I will agree to medical examinations and/or tests, which may include chest X-ray, tuberculin skin tests and immunizations that may be necessary as part of my volunteer service. I authorize my doctor(s) to furnish the hospital information concerning my health. I also authorize the person(s) making tests or x-rays to report the results to the hospital. In addition, if I apply for a volunteer assignment that requires driving I will be required to undergo testing for illegal use of drugs and alcohol consumption.

In consideration of my volunteer assignment, I accept the responsibility to become familiar with and abide by all of the Providence's and Saint John's policies, as they may change from time to time. I understand that Volunteer Services reserves the right to terminate my volunteer status as a result of failure to comply with policies, rules and regulations, chronic absences or absences without prior notification, unsatisfactory attitude, work or appearance, and any other circumstances which, in the judgment of the Volunteer Services director or manager would make my continued service as a volunteer contrary to the best interests of the hospital.



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## **Consumer Report Disclosure:**

In accordance with the Fair Credit Reporting Act, this notice is to advise you that if you are offered a volunteer Position, Providence or Saint John will require a criminal history background (a consumer report) about you for volunteer placement purposes. In addition, if you are offered a volunteer position that requires driving, Providence or Saint John will require a motor vehicle record check (a consumer report). If you are offered another position that requires a check of other consumer reports, reports will be obtained.

Signature \_\_\_\_\_

Date \_\_\_\_\_