

ASANTE

HEALTH SYSTEM

2825 E. Barnett Road
Medford, OR 97504

ASANTE HEALTH SYSTEM VOLUNTEER APPLICATION

Which Asante Hospital are you interested in?

Rogue Valley Medical Center, Medford

Three Rivers Community Hospital, Grants Pass

Name _____ Date _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Please check one: Between 15-18 yrs of age Over 18 yrs of age

I prefer to volunteer (circle) **AM** **PM** MON TUES WED THURS FRI SAT SUN

How did you hear about volunteering with Asante? _____

Contact in Case of Emergency _____ Relationship _____

Phone _____ Alternate Phone _____

Have you ever been convicted of a felony? _____ YES _____ NO

If "yes" please explain (Felony conviction will not necessarily disqualify you from being accepted as a volunteer): _____

Check services of interest:

_____ Clerical / Computer

_____ Therapy Dogs

_____ Other Departments _____

I hereby authorize and request that you make available to any duly authorized representative of Asante Health System any information relevant to employment history, background and criminal history and personal character. I hereby waive any right I may have in regards to release of this information to Asante Health System.

Applicant Signature Date

OVER

Read and complete both sides of this application and return it to Crystal Estremado, Volunteer Services Assistant, at 2825 E. Barnett Rd, Medford, OR 97504. If you have questions, call Crystal at 789-5875.

Volunteer Commitment and Agreement

- I shall hold as *absolutely confidential* all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and *not seek* to obtain confidential information from a patient.
- My services are donated to the hospital without contemplation, compensation or future employment, and given with humanitarian and charitable reasons.
- I may not solicit any business for attorneys or insurance companies “for compensation,” both on or off of Medical Center property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the Director of Volunteer Services.
- I may not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.
- I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- I shall attempt to resolve any problems related with my volunteer activities with my supervisor, service chair and/or committee chair and, if unsuccessful, attempt to resolve any such problems with the Auxiliary President.
- I shall make my best effort to fulfill my commitment to the Medical Center by completing all assignments that I accept.
- I shall at all times uphold the philosophy, values and standards of the Medical Center.
- I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of (a) failure to comply with Medical Center policies, rules and regulations; (b) Auxiliary bylaws, policies-procedures/standing rules; (c) or any other circumstances which, in the judgment of the Auxiliary Executive Board and Director of Volunteer Services, would make my continued services as a volunteer contrary to the best interests of the Medical Center.
- I understand that the Medical Center assumes no responsibility for any contact, visits or services provided by me outside of the responsibilities assigned through the volunteer program of the Medical Center.
- Volunteers are not covered under Asante's Medical Insurance should an injury or illness occur while on duty. I also acknowledge the risks associated with working in a hospital environment, where community acquired conditions are possible. **Volunteers MUST have their own personal medical insurance during their volunteer service.**

I have read each of the above conditions and I agree to abide by them.

Name (please print):	Date
Signature:	