

**THREE RIVERS COMMUNITY HOSPITAL  
VOLUNTEER SERVICES APPLICATION  
FOR AUXILIARY MEMBERSHIP**

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Birth date: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Month/Day

Currently employed? \_\_\_\_\_ Work. Phone: \_\_\_\_\_

Schedule Preference (circle preference): Mornings/Afternoons/Evenings  
Weekdays: M T W TH F Weekends: SAT. SUN

**Previous Experience:** Have you ever been an employee of or volunteer with any Asante affiliated organizations?  
If so who/where? \_\_\_\_\_

Experience as paid employee: \_\_\_\_\_  
Experience as a volunteer: \_\_\_\_\_

**References:** Auxiliary Members: \_\_\_\_\_ Other References: \_\_\_\_\_

**Recruiting Information:** Please check the applicable box: What prompted your interest in joining the Auxiliary?

Other Auxilian, Who? \_\_\_\_\_  Asante Employee, Who? \_\_\_\_\_  
 Newspaper ad/article, which one? \_\_\_\_\_  Community Events \_\_\_\_\_  
 Hospital Events  I was a Hospital patient/visitor  Other \_\_\_\_\_

Education: \_\_\_\_\_ Community Involvement: \_\_\_\_\_

Special Skills, Interests, Hobbies: \_\_\_\_\_

As an Auxiliary member, you will automatically be enrolled in the RSVP (Retired Senior Volunteer Program). Are you currently a member of RSVP? YES \_\_\_\_\_ NO \_\_\_\_\_

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.**

Do you have current personal insurance that will cover you should you be injured while volunteering? YES \_\_\_\_\_ NO \_\_\_\_\_

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):  
\_\_\_\_\_

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**CONSENT TO RELEASE INFORMATION**

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.

**Be sure to read, complete and sign both sides of this application. Return it at your earliest convenience to:**

**TRCH Auxiliary  
Attention: Membership Chair  
500 SW Ramsey Avenue  
Grants Pass, OR 97527.**

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

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Date Received: \_\_\_\_\_ Meeting With Applicant: \_\_\_\_\_ Interviewed by: \_\_\_\_\_  
Date of Orientation: \_\_\_\_\_ Jacket Size: \_\_\_\_\_ Wheelchair Capable \_\_\_\_\_  
Outcome of interview \_\_\_\_\_ Comments \_\_\_\_\_

## 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 or about a patient.
- My services are donated to the hospital without contemplation or 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 Hospital 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 perform my duties and responsibilities to the Auxiliary and in service to the Hospital always being aware of Asante Values – Excellence, Respect, Honesty, Teamwork and Service.
- 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 Hospital by completing all assignments that I accept.
- I shall at all times uphold the philosophy, values and standards of the Hospital.
- I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of (a) failure to comply with Hospital 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 Hospital.
- I understand that the Hospital assumes no responsibility for any contact, visits or services provided by me outside of the responsibilities assigned through the volunteer program of the Hospital.
- **I understand Volunteers are not covered under Asante’s Medical Insurance should an injury occur while on duty. Volunteers are to ensure that their personal Insurance is current during their volunteer service.**

**I have read all of the above conditions and I agree to abide by them, and consent to the release of information.**

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Name (please print)

Applicant Signature

Date