Amberwell Atchison Volunteers Membership Application

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, address, and phone number of person who should be contacted in case of illness on duty:

Occupation of applicant

Previous work experience

1. as a volunteer
2. other

Education or special training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies, skills, special interests

Family Obligations

List two local references

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer area preferred

Days preferred: (Monday through Friday)

Mornings Afternoons Active Membership Dues$5.00 Inactive Membership$10.00 Life Membership\_\_\_\_\_\_\_\_\_\_\_\_\_ $100.00

*Updated 2021*

Amberwell Atchison Volunteers

Atchison, Kansas

CONFIDENTIALITY STATEMENT

Your job may bring you into contact with confidential information.

Any information you see or hear concerning a patient's diagnosis, condition, treatment, financial or personal status is STRICTLY CONFIDENTIAL.

A patient's right to privacy is respected by medical ethics and protected by law.

Patients desiring privacy are to be granted privacy. Personnel who discuss the presence of a particular patient anywhere in our healthcare system may be violating that right to privacy.

For this reason, you are not to discuss, either inside or outside the hospital, the identity or condition of any patient with anyone not directly concerned with their care. You may discuss such information only as part of your assigned duties. Medical information should never be disclosed to anyone.

Inquiries from the news media regarding a patient should be directed to the Chief Marketing and Communications Officer, Chief Nursing Officer, or the Volunteer Liaison.

I understand and agree to abide by the above policy- I understand that if I violate the above policy, the Volunteer Services Department may discipline me, up to and including asking for my resignation as a volunteer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Date

THE VOLUNTEER PLEDGE

Believing that the Amberwell Atchison Volunteers have a real

need for my services as a volunteer...

I will be punctual and conscientious in the fulfillment of my duties and will accept supervision graciously. I will conduct myself with dignity, courtesy, and consideration. I will consider as confidential all information which I may hear directly or indirectly concerning a patient, a doctor, or any member of the personnel, and will not seek information regarding a patient.

I will take any problems, criticisms, or suggestions to the Volunteer Liaison. I will endeavor to make my work of the highest quality. I will uphold the traditions and standards of Amberwell and will interpret them to the community at large.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date