



Uniquely Connected. For Life.SM
HERITAGE VALLEY
 HEALTH SYSTEM

HERITAGE VALLEY HEALTH SYSTEM Adult Volunteer Application

Today's Date: _____

Choose a Campus: Beaver Kennedy Sewickley

Date of Birth: _____

Please Select: Mr. Mrs. Ms. Miss Dr. Other

 Last Name First Name Middle Initial

 Street Address Apt. Number

 City State Zip Code

 Home Phone Cell Phone Email Address

I was referred by: Volunteer Employee Physician Friend Hospital Publication/site Self Other

Please list current employer. If no longer employed, list your last employer.

(Current or Last) Employer /Company	Position	Dates of Service
_____	_____	_____
Business Telephone	Email	Supervisor/Title
_____	_____	_____
Street Address	City	State Zip Code
_____	_____	_____

Education

 High School Graduation Year Name of High School

 College (Year Graduated or Years Completed) Name of College Major

 Graduate School Name Major/Degree received Year received

Special Training/Skills/Hobbies: _____

Volunteer Experience (When/Where): _____

Are you a U.S. Citizen? YES NO If no, what type of visa do you hold? _____

Have you ever been convicted for abuse or neglect? YES NO

Have you ever been convicted of a felony? YES NO If yes, please explain: _____

Do you have any relatives currently employed by Heritage Valley Health System? YES NO

If yes, please identify: _____
Name Relationship (Relative/Friend, etc.) Department in which he/she works

Reference 1: List someone, other than a friend or relative, who knows your work record.

Name Title Phone

Business (if applicable) Address

Reference 2: List a personal reference who could speak about your character.

Name Phone Relationship to you

In case of emergency:

Name: _____ Relationship: _____

Telephone: _____ Work Phone: _____

Address: _____

Company Name: _____

What type of volunteer work are you looking for? _____

When are you available to volunteer? Please check boxes below.

	M	TU	W	TH	F	S	SU
Morning							
Afternoon							
Evening							

My signature below is Heritage Valley Health System's authorization to check the accuracy of the information I have provided above. It also indicates that I am offering my services to Heritage Valley Health System willingly and without pay, and that if accepted as a volunteer, I understand the need for regular attendance and punctuality in service.

Signature

Today's Date

All information requested on this application including dates, addresses and phone numbers must be completed in full prior to formal processing. Please be aware that your reference and/or employer may be contacted to verify your information.

Becoming a Heritage Valley Volunteer

EQUAL OPPORTUNITY

Volunteer Services believes that all persons are entitled to equal opportunities, and does not discriminate against applicants for volunteer service because of race, creed, color, religion, national origin, age, or sex. The hospital policy of non-discrimination prevails throughout all aspects of the volunteer relationship.

SMOKE FREE

Heritage Valley Health System is a smoke-free organization. By being smoke-free, Heritage Valley is creating a healthier environment for everyone who comes here to receive care, visit a patient, volunteer, or work. Heritage Valley Health System's smoke-free environment includes all buildings (owned and leased, inside and out), all properties, and all vehicles. Buildings include, but are not limited to, the three hospitals (Beaver, Kennedy and Sewickley), all satellite sites and all physician practices. The environment includes the parking garages and parking lots. By joining the volunteer program, you are agreeing to uphold the smoke-free environment policy.

CONFIDENTIALITY

Heritage Valley Health System has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health and social information. Additionally, Heritage Valley Health System must ensure the confidentiality of its human resources, payroll, fiscal, computer systems, management, and other non-public information.

“Confidential information” includes but is not limited to all previously listed information. In the course of your professional association with Heritage Valley, you will come in contact with confidential information. In order to volunteer within Heritage Valley Health System, you will receive a copy of the Confidentiality Agreement at the interview session and will be asked to sign and comply with all of its terms.

ORIENTATION/ANNUAL EDUCATION

Prior to placement, all volunteers will be invited to a volunteer orientation. This session will offer all of the general information needed in order to be sufficiently aware of the policies and procedures of the health system and volunteer services. Upon completion of the orientation session, volunteers must complete a test on the information learned. After this session, you will receive your volunteer badge (and uniform if applicable) and report to the Volunteer Coordinator. After that, you will report directly to your assigned position. Depending on where you volunteer, competencies may be required. The director will inform the volunteer which competencies are required. All volunteers must complete an annual education update.

UNIFORMS/IDENTIFICATION BADGE

All volunteers will receive a picture identification badge that must be worn at all times while volunteering. Depending on your volunteer area, you may be issued a uniform. Upon permanent departure from the program, the identification badge must be returned.

(OVER)

FOR OFFICE USE ONLY

INTERVIEW DATE: _____

TERMINATION DATE: _____

REASON: _____

ORIENTATION DATE: _____

DISCIPLINE ACTION: DATE/REASON

HEALTH DOCUMENTATION _____

TRAINING: _____

ASSIGNMENT: _____

REFERENCE 1 CHECKED: DATE: _____ CONTACT: _____

REFERENCE 2 CHECKED: DATE: _____ CONTACT: _____

COMMENTS: _____

ANNUAL EDUCATION UPDATE: _____

COMPETENCIES: _____
