HOWARD COUNTY GENERAL HOSPITAL

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JOHNS HOPKINS MEDICINE

Volunteer Services • 5755 Cedar Lane • Columbia, MD 21044
HCGH-Volunteers@jhmi.edu

Date_____

First Name_____ Last Name/Surname_____

Address_____
STREET CITY STATE ZIP

Birthday Mo._____ Day_____ Are you under 18 years old? ☐no ☐yes Last 4 digits of SS#_____

Home Phone_____ Cell Phone_____ E-mail_____

Occupation_____ Employer/School_____

Work/School Phone_____ May we call you at work/school? ☐no ☐yes

Best way to contact you: ☐Home Phone ☐Cell Phone ☐Work Phone ☐E-mail

Education/special training _____
(If in school, please indicate name of institution and your grade level)

Professional and/or volunteer experience_____

Volunteer work preferred_____ Days_____ Hours_____

Skills or training (For example: computer software, typing/wpm, specialized equipment, foreign language, supervisory skills, etc.)_____

_____

Can you perform the duties of a volunteer position ☐no ☐yes

How did you hear about the hospital Volunteer Program? _____

Were you ever an employee or volunteer at Howard County General Hospital? ☐no ☐yes

Are you volunteering to fulfill a graduation requirement? ☐no ☐yes

Are you volunteering to fulfill a court-ordered community service requirement? ☐no ☐yes (if yes, explain) _____

_____

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charge for which records have been expunged. ☐no ☐yes

If yes, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation. A criminal offense will not necessarily bar volunteering. _____

_____

Why are you interested in volunteering in a health care environment? _____

***In Event of Emergency***

Notify_____ Relationship_____

Home Phone_____ Work Phone_____

***References***

List three people who can attest to your character, skill and dependability. Mailing addresses required. No relatives. Include your current or last employer.

| NAME | ADDRESS/ZIP | PHONE |
|---|---|---|
| NAME | ADDRESS/ZIP | PHONE |
| NAME | ADDRESS/ZIP | PHONE |

**Volunteer Agreement**

I agree to follow all Howard County General Hospital policies, procedures, rules and regulations. I commit to volunteer at least 100 hours and understand that documentation of my service will be released upon request, only after the minimum hours are completed. I agree that my services are donated to Howard County General Hospital for charitable reasons without contemplation of compensation or future employment. I shall submit to the Department of Volunteer Services documentation of required vaccinations and obtain and complete a tuberculosis skin test before reporting to my assigned area. I shall uphold the philosophy and standards of Howard County General Hospital. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of a) failure to comply with Howard County General Hospital policies, rules and regulations; b) unsatisfactory work performance or appearance; or c) any other circumstances which, in the judgement of the department director, would make my continued service as a volunteer contrary to the best interests of Howard County General Hospital.

**Confidentiality Statement**

I,_____, understand that during the normal course of working for Volunteer Services at Howard County General Hospital, or other hospital-related activities, I may have access to confidential patient-specific and health care provider medical information from the medical record or elsewhere. This medical record or other information is highly confidential. I understand that I am expected to respect the confidentiality of this information and that I am indirectly, or by implication, not to repeat any of the patient-specific or health care provider information referred to herein to any person not directly involved with the above described functions. I understand that my violation of the provisions of this Confidentiality Statement may result in legal sanctions or in disciplinary action against me.

**Parental Consent (*if applicable*)**

The undersigned, being parent or guardian of _____, a minor, hereby consents to said minor performing volunteer work at Howard County General Hospital without pay. I consent to testing for evidence of tuberculosis by PPD test and/or chest X-ray if necessary. I do hereby release Howard County General Hospital and its agents from all liability in connection with this inoculation. I also understand that evidence of this volunteer's measles/mumps/rubella and varicella vaccine record must be provided to the hospital. If record is unavailable, I give my consent to administer vaccine titre(s). I give consent to Howard County General Hospital to provide routine or emergency medical care as deemed necessary by the hospital staff while he/she is on duty as a volunteer.

_____ _____

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

**Volunteer Consent**

I certify the facts in this volunteer application are true and complete to the best of my knowledge. I give my consent to all contacted persons for references to provide information concerning this application to volunteer and I release all persons from liability on account of such disclosures.

I consent to provide immunization and to be tested annually for tuberculosis. I further authorize any health care professional who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to Howard County General Hospital.

I consent to a criminal background check.

*Thank you for completing this application. The information is confidential. Your signature authorizes reference checks. The hospital is not obligated to provide a placement, nor are you obligated to accept the position offered. This application is valid for six months from the date below. During that time, the hospital will attempt to locate a volunteer placement for you.*

_____ _____

SIGNATURE OF VOLUNTEER DATE

*Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.*