

Appt. with Daisy: _____

Orientation: _____

Meet with Susan: _____

TB _____ Dues _____ Uniform _____

Volgistics # _____

Volunteer Application

Applicants must be at least 18 years of age

Personal Information

Print Name _____ Social Security # _____
First MI Last Required for Screening

Address _____
City St Zip

Male _____ Female _____ Birthdate _____ Spouse's Name _____

E-Mail Address _____

Home Phone _____ Cell # _____ Work Phone _____

Emergency Contact _____ Tel. # _____

Relationship _____ Work Tel. # _____

Community Affiliations (organizations) _____

Previous Volunteer Experience _____

Contact Person to Verify Previous Experience _____ Phone # _____

Are you or have you ever been a member of the US Armed Forces _____ Branch _____

How did you learn of our program? _____

Skills / Talents / Interests

Do you have skills or talents that you would like to share with our organization?

Hobbies & Personal Interests _____

Current Employment (If Applicable)

Current Employer _____ Start Date _____

Address of Current Employer _____
City St Zip

Previous Employer _____ From _____ To _____

Health Information

Physician's Name _____ Phone # _____

Address _____

Health Limitations _____

Allergic to: _____

I hereby certify that the above is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to volunteer. I authorize INTEGRIS Baptist Medical Center to make inquiry to my physician regarding the state of my health.

I agree to submit to examinations which may include appropriate immunizations, chest x-rays and/or laboratory tests which may be necessary as part of my volunteer services. I hereby authorize my doctor(s) to furnish INTEGRIS Baptist Medical Center information concerning my health. I also authorize the person(s) making tests or x-ray films to report the results to the hospital.

Signature (Required) Date

Believing that INTEGRIS Baptist Medical Center of Oklahoma has need of my services as a volunteer worker, I agree to:

Hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, doctors or personnel and I will not seek confidential information in regard to a patient.

My services are donated to INTEGRIS Baptist Medical Center without contemplation of compensation or future employment and are given with humanitarian or charitable reasons.

Signature (Required) Date

ADDENDUM
VOLUNTEER APPLICATION FORM

Miscellaneous:

1. Have you been discharged or asked to resign within the last five (5) years from any service?
_____No_____Yes If yes why?_____

2. Have you been convicted of or plead guilty to a felony in the last 7 years or are you currently charged with the commission of a felony? _____No _____Yes.
If yes, please describe._____

3. Do you hold a current and valid Oklahoma driver's or commercial chauffeur's driver's license?
_____No _____Yes. If yes, give type, expiration date and number:_____

4. Has your license been revoked or suspended in the last 5 years? _____No
_____Yes. If yes give year and reason:_____

Affidavit

I certify that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application or during the interview may result in rejection of my application or immediate discharge at any time during my volunteer service. I understand that my volunteer service is contingent upon, but not limited to, receipt of license verification, criminal history, and motor vehicle driving records. I authorize INTEGRIS Health and/or its agents, including consumer reporting bureaus to verify any of this information. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies and law enforcement authorities from any liability or damage whatsoever of issuing this information. IN CONSIDERATION OF MY VOLUNTEER SERVICE, I AGREE TO CONFORM TO THE RULES AND REGULATIONS FOR INTEGRIS HEALTH AND THE GUIDELINES AND BYLAWS OF THE VOLUNTEER AUXILIARY OF INTEGRIS BAPTIST MEDICAL CENTER, INC., AND I UNDERSTAND THAT MY VOLUNTEER SERVICE CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE DIRECTOR OF VOLUNTEER SERVICES.

APPLICANT'S SIGNATURE _____ DATE _____

As the result of a law passed by the Oklahoma legislature in early 2008, all persons who work with or provide services to children at INTEGRIS Health, Inc., are now required to affirm through signed statements that they are not required to register with either the Oklahoma Sex Offenders Registry or the Violent Crime Offenders Registry.

STATEMENT

I, the undersigned person, declare that I am not currently required to register under the provisions of the Oklahoma Sex Offenders Act or the Mary Rippy Violent Crime Offenders Registration Act.

Signature (Required)

Date