

**INTEGRIS SOUTHWEST MEDICAL CENTER
VOLUNTEER APPLICATION**

**Mail application to: Volunteer Services Department
INTEGRIS Southwest Medical Center
4401 S. Western
Oklahoma City, OK 73109**

Fax to: 405-644-6098

DATE: _____

Name _____ Email address: _____

Home Phone _____ Work # _____ Cell # _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Birthdate ___/___/___ Male ___ Female ___ Social Security No. _____ - _____ - _____

CURRENT EMPLOYMENT: (if applicable)

Company _____

Address _____

Telephone () _____ Ext _____

Position _____

May we call you at work if necessary? _____

PRIOR EXPERIENCE:

Volunteer: _____

Business, Professional: _____

Veteran: _____

HOBBIES AND PERSONAL INTERESTS:

Sew/Knit? : Y / N _____

COMMUNITY AFFILIATIONS:

(Church, Clubs, Organizations, etc.)

How did you become interested in our program? _____

CURRENT HIGH SCHOOL/COLLEGE INFORMATION: (if applicable)

High School Attending _____ Grade _____

College Attending _____ Year _____

College Major _____

VOLUNTEER ASSIGNMENT INTERESTS:

PREFERRED TIME AVAILABLE	M	T	W	TH	F	SAT	SUN
Morning							
Afternoon							
Evening							

Have you been discharged or asked to resign from any job/service within the last five (5) years?
Yes ____ No ____ If yes, explain _____

Have you been convicted of or plead guilty to a felony within the last seven (7) years?
Yes ____ No ____ If yes, explain _____

In consideration of my volunteer service at INTEGRIS Southwest Medical Center:

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 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.

I agree to submit to examinations which may include appropriate immunizations, tuberculosis screening, chest x-rays and/or laboratory tests which may be necessary as part 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 Southwest Medical Center 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.

I understand that my services are donated to INTEGRIS Southwest Medical Center without contemplation of compensation or future employment and are given with humanitarian or charitable reasons.

Signature of Applicant

Date

VOLUNTEER OFFICE USE ONLY

Date Received _____

Interview Date _____

Background Check Sent _____

Approved _____

Orientation Date _____

Uniform Purchased _____

Comments _____

INTEGRIS Southwest Medical Center

In connection with my volunteer application, and, if applicable, my continued volunteer service with INTEGRIS Health, Inc. (hereinafter referred to as the "Company"), I hereby authorize the Company, through its employees, representatives, agents and independent contractors, now or at any time I am volunteering for the Company, to obtain from a consumer reporting agency a copy of a consumer report and/or an investigative consumer report on me (in accordance with the Fair Credit Reporting Act, Title VI - Consumer Credit Reporting [15 U.S.C. 1681-1681 et. seq.] as amended by the Consumer Credit Reporting Reform Act of 1996, effective October 1, 1997).

I further authorize the Company to conduct a comprehensive review of my background including public record information, criminal records, motor vehicle records, credit, bankruptcy proceedings, workers' compensation claims, names and dates of previous employers, reason for termination of employment and work experience, a general background investigation and any other searches or investigations the Company deems necessary to confirm, determine or evaluate my prior employment, military status, academic background, character and general reputation. All information obtained pursuant to this Disclosure and Authorization form shall be utilized to determine my eligibility to volunteer and continued volunteer service, as the case may be.

I also authorize and direct all individuals and entities including, without limitation, all schools, businesses, corporations, credit bureaus, law enforcement agencies, armed forces, employment commissions and governmental agencies to release any and all information without restriction or qualification pursuant to this Disclosure and Authorization.

Signature

Date

Print Name

Social Security Number

Date of Birth

_____ Male _____ Female