

LDS Hospital Volunteer Application

Personal Information	<p>Name (Legal) _____</p> <p>Your Current Address _____ (Street) (City) (State) (Zip)</p> <p>Home Phone Number _____ Birthdate (month/day only) _____</p> <p>How Did You Learn of Us? _____</p> <p>Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List name of <u>current or former</u> employer _____ Phone _____</p> <p>Address of employment _____ (Street) (City) (State) (Zip)</p> <p>School, if currently enrolled _____ Expected date of graduation _____ Degree _____</p> <p>Highest degree or grade completed _____</p> <p>What foreign languages do you speak? _____</p> <p>Person to contact in case of emergency _____ (Name) (Phone) (Relationship)</p>														
Volunteer History	<p>Have you had prior experience as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, where? _____</p> <p>Total hours or length of time served? _____</p>														
Availability	<p>Do you have an area of the hospital you wish to volunteer in? _____</p> <p>Please circle day(s) & shifts you are available for volunteer service:</p> <table style="width: 100%; text-align: center;"> <tr> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>Saturday</td> <td>Sunday</td> </tr> <tr> <td>am pm eve</td> <td>am pm eve</td> <td>am pm eve</td> <td>am pm eve</td> <td>am pm eve</td> <td>am pm eve</td> <td>am pm eve</td> </tr> </table>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	am pm eve	am pm eve	am pm eve	am pm eve	am pm eve	am pm eve	am pm eve
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday									
am pm eve	am pm eve	am pm eve	am pm eve	am pm eve	am pm eve	am pm eve									
References	<p>List two references not related to you.</p> <p>Name _____ Phone _____</p> <p>Address _____</p> <p>Name _____ Phone _____</p> <p>Address _____</p>														
<p>» Please continue to the next page</p>															

Your Name _____

Have you ever been convicted of a **felony** or **misdemeanor**, or plead no contest to any criminal charges? Yes No

Please provide date, city, state and an explanation for any yes responses: _____

Criminal conviction is not an absolute bar to volunteering but will be considered in relation to specific volunteer assignments.

CONFIDENTIALITY AGREEMENT

I agree to use confidential information only as needed to perform my volunteer duties. This means I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, revise, alter, or destroy any confidential information belonging to Intermountain Health Care. I understand that I will be automatically dismissed as a volunteer if I do not respect my responsibility for maintaining confidentiality.

I certify that all information provided in this application is complete and accurate to the best of my knowledge. I authorize investigation of all statements contained in this application and understand that I may be required to provide verification of information contained in this application.

Your signature _____

Social Security Number _____ Today's Date _____



Confidentiality Statement