

REFERENCES:		
First Reference Name:	First Reference Phone:	First Reference Relationship to you:
Second Reference Name:	Second Reference Phone:	Second Reference Relationship to you:
MemorialCare Employee Name:	MemorialCare Employee Phone:	MemorialCare Employee Relationship to you:

Please read the following carefully before signing this document:

I hereby affirm that the information provided in this application is true and complete. I understand that providing any false or misleading information or omissions may disqualify me from further consideration as a volunteer and can result in my immediate termination if discovered. I understand that volunteer partnerships with LBM and MCWHLB are established at the discretion of hospital management. I also understand that there is a ninety (90) day probationary period; within the first 90 days of my volunteering I can terminate my relationship with LBM and MCWHLB without stating a reason or cause; I also understand that volunteer management can also terminate my volunteer relationship with the Hospitals within the first ninety days (90), and at any other time, without stating a reason or cause.

I understand that if there is an opportunity for me to volunteer at LBM/MCWHLB as a volunteer, I must consent to a security background check, TB test screenings, attend an interview and orientation. MemorialCare reserves the right to investigate an individual's prior volunteer involvement, employment history, personal references, educational background, as well as other information that is reasonably available to MemorialCare. Any and all information obtained through a lawful investigation will be maintained in the strictest confidence. I understand that this is an application for and not a commitment or promise of volunteer opportunity.

_____ Date

_____ Signature of Applicant

IMPORTANT INFORMATION

Commitment

Volunteers are greatly appreciated and a tremendous value to our medical centers; a six month minimum or 100 hours commitment is required for adults. Our mission is to provide our volunteers with an impactful volunteer experience by providing opportunities for meaningful work while adding value to the organization.

Health and Safety Requirements

Please carefully review the health requirements necessary to become a member for our team. All candidates must complete two TB screening tests and one annually thereafter. The first step must be completed prior to starting volunteer services and the second step two weeks after the volunteer's start date. TB skin placements are provided by the medical center at no cost to the volunteer. During the peak flu season, all new volunteers are required to have an influenza vaccine. If you are unable to receive the flu vaccine you will be required to wear a mask for the duration of the flu season, as adhered to in the masking policy established by MHS Policy/Procedure #361

A COPY OF VOLUNTEER ACCUMULATED HOURS IS AVAILABLE AFTER SIX MONTHS OR 100 HOURS OF VOLUNTEER SERVICE.

I intend to volunteer my time and service without contemplation/expectation of payment or benefit of any kind.

I have read and understand the following:

_____ Volunteer signature

_____ Date

