



# Volunteer Application

Return the application to: Volunteer Services 744 West 9<sup>th</sup> Street Tulsa, Oklahoma 74127 Phone: 918-599-5056

\*\* Please fill out entire application. Applications must be complete. \*\* Office Hours: 8AM to 5PM Mon-Fri

Date \_\_\_\_\_

Title: Ms. Miss Mrs. Mr. Dr. Prefer to be called \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address Apt # City State Zip Code

Birth Day/Month \_\_\_\_\_ E-mail \_\_\_\_\_

Phone: Home/Cell/Work \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

### Employment

Please check all that apply:  Employed (full or part-time)  Self-employed  Unemployed  Retired  Student

Employer \_\_\_\_\_ Occupation or Previous Occupation \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Can you be contacted at work? No Yes

### Education

School/University \_\_\_\_\_ Field of Study \_\_\_\_\_ Degree \_\_\_\_\_ Graduation Date \_\_\_\_\_

Do you need to complete service hours for a school class/internship?  No  Yes: # hours \_\_\_\_\_ Month Semester

If yes, please list teacher/supervisor contact information: Name \_\_\_\_\_ Phone \_\_\_\_\_

### Confidential Conviction History

Have you ever been convicted of any crime? No Yes

If yes, please explain each offense, the violation, court, place of conviction penalty (fine, sentence and/or date of court probation) and name under which convicted if other than one listed above. You may omit any traffic offense for which the fine was less than \$150.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need to complete court-mandated community service hours? No Yes #Hours \_\_\_\_\_

*Criminal record is not necessarily a bar to volunteer service. Each case is given individual consideration based on job-relatedness.*

**Availability**

Can you make a commitment to volunteer at OSUMC at the same day and time every week for the next 6 months?

Yes  No If no, what commitment can you make? \_\_\_\_\_

**Indicate the day(s) and times available at the same day and time each week:**

Monday Hours: \_\_\_\_\_  Tuesday Hours: \_\_\_\_\_  Wednesday Hours: \_\_\_\_\_  Thursday Hours: \_\_\_\_\_

Friday Hours: \_\_\_\_\_  Saturday Hours: \_\_\_\_\_  Sunday Hours: \_\_\_\_\_

Do you know of any medical, physical or emotional reasons that would affect your work as a volunteer for OSUMC?  Yes  No

If yes, explain \_\_\_\_\_

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**Skills & Interests**

Hobbies/Interest \_\_\_\_\_

Language(s) spoken and/or written other than English \_\_\_\_\_

Computer/Office skills, please list \_\_\_\_\_

**Work & Life Experience**

Please indicate the work and life experiences that contribute to your strengths as a volunteer applicant.

- Retail/sales/cashier     Administrative/Clerical     Customer Service     Caring for an ill relative/friend     Child Care
- Education/teaching     Food Services     Camp Counselor     Career change     Volunteering

Health Care – please specify \_\_\_\_\_

Other: \_\_\_\_\_

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**Volunteer Experience**

What have you previously done as a volunteer? Please check all that apply.

- Patient/visitor interaction in a health care environment     Tutoring     Activism     Campaign work
- Meals on Wheels     Research     Recreation with children/adults     Fundraising     Admin/clerical
- Others \_\_\_\_\_

Please list your most recent volunteer experience:

Name of organization \_\_\_\_\_ Volunteer Dates: From \_\_\_\_\_ To \_\_\_\_\_

Name of supervisor and phone # \_\_\_\_\_

Please describe volunteer duties \_\_\_\_\_

**How did you become interested in volunteering at OSUMC? Please check all that apply:**

- First-time volunteer     Seeking exposure to health care environment     Seeking work experience
- Live/work close to OSUMC     Comfortable in a hospital environment     Need hours/experience
- Former patient of OSUMC     Enjoyed volunteering in a hospital in the past
- Other \_\_\_\_\_

**What volunteer area(s) interest you? Please check all that apply:**

- Greeting visitors and providing information     Assisting visitors to areas of the hospital     Clerical
- Seeking interaction with:     Visitors in waiting areas     Adult patients     Patient Visitation

Why are you interested in serving at OSU Medical Center? \_\_\_\_\_

**How did you hear about volunteer opportunities at OSUMC?**

- Self/walk-in    OSUMC Website    Internet    School    TV/Radio/Newspaper    RSVP    Friend
- Employee    Doctor    OSUMC Volunteer    Other \_\_\_\_\_
- Volunteered in the past at OSUMC. When? \_\_\_\_\_ Where? \_\_\_\_\_

**References**

(Please provide 2 non-related professional contacts.)

	Name	Relationship	# of years	Phone #	Email Address
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

**Oklahoma State University Medical Center Volunteer Agreement**

In consideration for being accepted as a volunteer by Oklahoma State University Medical Center, I agree as follows:

- I understand as a volunteer, I shall not be considered an employee for any purposes, nor I am not covered by any state or federal wage and hour laws, nor shall I receive compensation, nor am I eligible for health, accident or workmen’s compensation insurance, or any other type of employee benefits.
- I understand OSU Medical Center offers medical services for treatment of illnesses and I assume a risk that I might be inadvertently exposed to such illnesses.
- I shall conduct myself with dignity, treat patients and staff with respect, and strive to make my volunteer work professional quality.
- I shall be punctual and consistent when carrying out my duties and will accept supervision.
- I understand that as a volunteer I am required to abide by the rules and regulations of OSU Medical Center.
- I understand that in the performance of my duties as a volunteer of OSU Medical Center, I must hold all medical, financial, and personal information pertaining to a patient in confidence and protect it from unauthorized viewing, discussion, and disclosure. Therefore I may look at, use, or disclose patient information ONLY as it relates to the performance of my volunteer duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is my responsibility to discuss the matter with my supervisor before any breach of confidentiality occurs.
- I agree to take any problems, criticism or suggestions to the Volunteer Manager.
- I understand that the use of illegal drugs is prohibited while volunteering. I am willing to submit to drug testing to detect the use of illegal drugs prior to volunteering.
- I understand that my status as a volunteer may be terminated at any time by me or by OSU Medical Center for any reason, with or without cause. In such event, I will return all OSU Medical Center property in my possession to the Volunteer Department.
- I release and discharge OSU Medical Center and their agents, employees, officers and assigns from any and all causes of action, claims, demands and damages, known and unknown arising out of or being a consequence of my activities as a volunteer.
- I agree to indemnify and hold OSU Medical Center and the other parties designated above harmless from any and all derivative claims, expenses and fees which may arise out of my efforts as a volunteer, including but not limited to attorney’s fees and litigation expense.

I authorize OSUMC to contact places, employers, and persons listed for references as may be necessary for volunteer placement. I authorize OSU Medical Center and/or its agents, including consumer reporting bureaus, to verify any of this information. I release OSU Medical Center and all parties providing information to OSU Medical Center about my background and experience from any liability whatsoever arising therefrom.

I certify that the information in this application is true and complete to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or dismissal at any time. I acknowledge and have read the statements above and agree to abide by the expectations of OSU Medical Center and the department of volunteer services. *I understand this application does not guarantee me a volunteer position at OSUMC.*

**X** \_\_\_\_\_  
**SIGNATURE**

**X** \_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

OSU Medical Center does not discriminate regardless of race, color, religion, sex, national origin, ancestry, age, disability, veteran’s status, sexual orientation, genetic information, or any other status or trait protected by State, Federal, and local law. OSU Medical Center is not obliged to provide a placement. You are not obligated to accept a volunteer position if offered.

**NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF  
A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I understand that OSU Medical Center may now, or at any time while I volunteer, verify information within the application, resume or contract to volunteer. The verifications and or checks may include but are not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, educational-institution and licensing records and any civil or criminal record information pertaining to me which may be in the files of any Federal, State or Local agency. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine volunteer eligibility. All results will be kept CONFIDENTIAL. The Information obtained will not be provided to any parties other than to designate Company Personnel.

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application to volunteer. I further understand this consent will apply during the course of my volunteer status, should I be accepted, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my volunteer application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by OSU Medical Center and confirm that all information is true and correct. I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteering is true and complete to the best of my knowledge. I understand that if I am selected to volunteer, any false statements will be considered as a cause for possible dismissal.

I authorize ADP Screening and Selection Services and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives of OSU Medical Center. I do hereby agree to forever release and discharge OSU Medical Center, its agent, ADP Screening and Selection Services and its associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

**X** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY\*  
(Please Print)**

Applicant Name: (First, Middle, Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Social Security Number:	Former Address: (1)
Sex: Ethnic Background:	City: State: Zip:
Driver's License No.: State of Issue:	Former Address: (2)
Month, Day and Year of Birth*:	City: State: Zip:
Educational Institution: Location (City, State):	Professional License : State Issued:
Name Attended Under: Degree Awarded Dates of Attendance/Graduation:	License Number: Issue Date: Expiration Date:

Have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license(s) or certification(s)?  YES  NO If yes, please attached a complete explanation.

**PLEASE PROVIDE ME WITH A COPY OF MY BACKGROUND INVESTIGATION REPORT.**  YES  NO

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies.

You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act. [Click here to view.](#)

A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22. [Click here to view.](#)

\*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.