



Volunteer Application

Return the application to: Volunteer Services 744 West 9th 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 _____

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: _____

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 Pediatric patients Babies

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 Coordinator.
- 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.

Consent for Minor to Participate in Volunteer Activities – Complete if applicant is under age 18.

I, _____ allow _____, a minor, to participate in volunteer activities at OSU Medical Center as directed by the Volunteer Coordinator or the designated hospital representative.

- I authorize the OSU Medical Center to administer a tuberculosis skin test on my son/daughter, and/or titers as needed for compliance with infection control immunization policy prior to him/her beginning work as a volunteer.
- I will consent to OSU Medical Center providing a standard background check and reference check on my son/daughter as required for all employees and volunteers.
- I understand said minor shall not be considered an employee for any purposes, nor shall she/he receive compensation, nor health, accident or workmen's compensation insurance, or any other type of employee benefits shall be provided by OSU Medical Center.
- I understand OSU Medical Center offers medical services for treatment of illnesses and I assume a risk that said minor might be inadvertently exposed to such illnesses.
- I release and discharge OSU Medical Center and its 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 said minor's 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 said minor's efforts as a volunteer.

In the unforeseen situation that my son/daughter should require emergency care, while volunteering, I authorize the OSU Medical Center Emergency Room Department and Medical Staff to provide the necessary medical care to my child in my absence.

These authorizations shall remain effective for the period of time my son/daughter is a volunteer at OSU Medical Center.

Volunteer's Name _____ Date _____

Parent's Name (please print) _____ Parent's Signature _____

Contact Information: Home/Cell/Work Phone _____

Parent's Name (please print) _____ Parent's Signature _____

Contact Information: Home/Cell/Work Phone _____

Guardian's Name (please print) _____ Guardian's Signature _____

Contact Information: Home/Cell/Work Phone _____

**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.