



J.C. Blair Volunteer Services
 c/o Human Resources
 1225 Warm Springs Avenue
 Huntingdon, PA 16652

Office Use Only	
Receipt of Application	_____
Interview	_____
Receipt of References	_____
Confidentiality	_____
Health Clearances	_____
Orientation	_____

Volunteer Application

Personal Information:

Last Name	First Name	Middle Initial
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Current Address	City/State	Zip Code
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Permanent Address <i>(if different from above)</i>	City/State	Zip Code
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Phone	Email Address	Date of Birth
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Current Status:

_____ High School Student School: _____

_____ College/University Student School: _____

_____ Community Resident

Employment Information:

Employer	Address	Phone
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Volunteer Experience:

Organization	Role	Dates: From/To
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Organization	Role	Dates: From/To
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Organization	Role	Dates: From/To
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_____ I understand that the volunteer uniform and Health System ID badge are the property of J.C. Blair
 Initials Health System and that it is my responsibility to return these items upon completion of my
 volunteer service.

Volunteer Preferences:

Shift *(please be as specific as possible)*

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

Thursday _____

FOCUS *(please circle all that apply)*

Escort Patient Care Clerical Other _____

Commitment:

_____ I understand that commitment is the foundation for success of any volunteer program and
Initials agree to serve J.C. Blair Health System as a volunteer for a minimum of two (2) hours per week. I further agree that I will discuss and/or notify the Volunteer Services staff prior to making any changes in my volunteer placement schedule (i.e., number of hours, shift changes, department changes).

Physician Clearance:

To my knowledge this individual is free from contagious disease. To my knowledge this individual has no physical limitation that limit his/her ability to act as a volunteer. If the individual has a contagious disease or a physical limitation, please explain:

Printed Physician Name

Signature

Date

Waiver for injuries or damages resulting from volunteering

The undersigned in consideration of being permitted to serve as a J.C. Blair Health System Volunteer, do hereby release and forever discharge the J.C. Blair Health System, and all of it's directors, officers, agents, and employees from all claims, causes of action, judgements, and legal remedies, which I, or my executors, administrators, trustees, receivers, or assigns may ever have or claim by reason of my contracting any diseases as a result of such voluntary activities, or my suffering personal injuries or property loss during the course of performing such volunteer activities or while traveling to or from the Health System to perform such volunteer activities provided that this release does not diminish or dilute the undersigned volunteer's rights, if any, under any insurance coverage provided by J.C. Blair.

Printed Name

Signature

Date

Statement of Confidentiality

As a volunteer of J.C. Blair Health System, I agree to abide by and adhere to the following policy and application regarding confidentiality:

It shall be the policy of J.C. Blair Health System to prohibit volunteers from disclosing any information regarding the Health System or its operations, or its patients, to individuals not authorized to receive such information. Additionally, unauthorized access to information, including but not limited to patient records, financial statements, personal records, etc., regardless of whether or not the information is disclosed, is strictly prohibited. Volunteers violating this policy will be subject to disciplinary action up to and including discharge.

Printed Name

Signature

Date

Professional References

Two professional references are required. Supervisor references are preferred. Applicants may not serve as a reference for their own applications. When selecting your references, please note that they will be required to comment on your work experience and professional character. Select individuals who can attest to your responsibilities related to volunteer guidelines. Your volunteer experience cannot begin until the required reference statements have been returned. Individuals with prior volunteer experience should have their previous volunteer supervisor submit reference forms.

Name

Relationship

Phone

Name

Relationship

Phone

Name (Previous Volunteer Supervisor)

Relationship

Phone

Name (Previous Volunteer Supervisor)

Relationship

Phone

Agree to Statement

I authorize investigation of all statements contained in this application. By submitting this application form, I certify that the information given is true. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration of volunteering or dismissal from J.C. Blair Health System Volunteer Program if I have become a volunteer.

Printed Name

Signature

Date

Printed Name of Parent *(if under 18)*

Signature

Date