



Benewah Community Hospital
 Volunteer Services
 229 S. 7th Street
 St. Maries, ID 83861
 (208) 245-5551

Application For Volunteer Program

Return Application to Human Resources, with the following:

- A copy of your Drivers License + one other form of ID.
- A resume including education and work experience.

We appreciate your interest in becoming a volunteer at Benewah Community Hospital. The information submitted on this application is confidential and will be used only for placement purposes.

Type of Volunteer Position(s) Applying for (please check):

- Junior Volunteer Volunteer Date of Application: _____
 Student Volunteer

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Email Address: _____ Home phone: _____ Work phone: _____

Social Security Number: _____ Date of Birth: _____

Emergency Contact: _____

Home phone: _____ Work phone: _____

School Attended: _____

Have you ever filed an application with BCH before? Circle one: YES NO

Have you ever been employed with Benewah Community Hospital? Circle one: YES NO

Are proof of TB attached, (or on file and where) Circle one: YES NO

Have you been convicted of a felony in the past 7 years? Circle one: YES NO

If yes, please explain:

We consider applications for all volunteer positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected adults.

Please write a short paragraph telling us why you'd like to join the Benewah Community Hospital Volunteer Program?

Please tell us when you are available to serve: _____

Duration (circle one):

Long Term weekly activity: Beginning _____

Short Term 1-3 months (more than 15 hours) Beginning _____ Ending _____

Summer only Beginning _____ Ending _____

Personal References

1. _____
Name _____ Phone Number _____

Address _____

2. _____
Name _____ Phone Number _____

Address _____

3. _____
Name _____ Phone Number _____

Address _____

Applicant's Agreement, Statement & Authorization(s)

As a Volunteer, you are considered a member of the Benewah Community Hospital family, and as such you have certain responsibilities to BCH and its patients; to observe the same code of ethics as those on the professional staff, to adhere to BCH's policies and procedures, and to uphold patient confidentiality.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with Benewah Community Hospital is of an "at will" nature, which means that the Volunteer may resign at any time and Benewah Community Hospital may discharge the Volunteer at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

By my signature below, I further understand that:

- I certify all statements made on this application to be true, and complete to the best of my knowledge and made in good faith.
- I authorize a Reference & Criminal Background Check, as well as investigation of any and all statements contained in this application, for the purpose of determining volunteer decisions.
- In the event of acceptance to this Volunteer Program, I understand that false or misleading information given in my application or interview(s) may result in disqualification or discharge.
- I understand that I am required to abide by all the rules and regulations of Benewah Community Hospital.
- I will meet the minimum hours requirement for the Volunteer area to which I may be assigned.
- Before beginning an Active Volunteer Assignment, I will be required to:
 - o Attend an orientation
 - o Take a tuberculosis test (at no cost to the Volunteer), AND
 - o Submit to urine drug screen.

Applicant's signature

Date

Parent or Guardian's signature (if under 18 years of age)

Date

This application shall be considered active for ninety (90) days. Applicants wishing to be considered for volunteering beyond the 90 day period should inquire as to whether applications are being accepted at that time. Incomplete applications will not be accepted. Volunteers accepted for placement, will be located in areas which will be of interest and value to them. Acceptance of completed applications does not constitute acceptance into the Volunteer Program.