



Keeping families close®

Please fill out digitally and save, or print, fill out neatly by hand, photograph and email your completed application to:

rmfrnwa@rmhcofarkoma.org

or you may drop it off in person at the Family Room.

RMHC of Arkoma and Mercy Hospital Northwest Arkansas

Name		Phone Number	
Mailing Address			
City		State	Zip
Street Address, City/State/Zip (if different)			
Date of Birth			
Email address			

Previous volunteer experiences (list places and dates of service):	
Hobbies or Special Skills:	
Why do you want to be a volunteer?	
Timeframe you would like to volunteer? <small>(Note: RMHC is unable to offer volunteer opportunities to people seeking short-term service or community service hours)</small>	

Times you would prefer to volunteer each week:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

(please complete second page)

Please provide 2 personal references:

Name	Phone
Relationship	
Name	Phone
Relationship	

As a volunteer, I will follow the same guidelines as RMHC of Arkoma employees. I will keep all information about patients confidential. I will be reliable and fulfill my service commitment.

Please initial here: _____

Have you ever been convicted of a crime other than a traffic offense? No Yes

If yes, please explain: _____

In case of emergency, notify:

Name	Phone Number
Relationship	

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)* REQUIRED

Driver License State / Number

Date of Birth* REQUIRED

*This information will be used for background screening purposes only.

FCRA:EMPLOYMENT:006690:20121119

FOR VOLUNTEER SERVICES OFFICE USE ONLY

Interview: Orientation:
Background Check: TB Test:
Assigned Service: Start Date: _____
Entered in database: Trained By: _____

MERCY VOLUNTEER COMPETENCIES

AS A VOLUNTEER OF MERCY HOSPITAL I AGREE TO:

...follow the Mission, Vision, Values and Guiding Principles of the organization and understand, embrace, demonstrate, and communicate these in everyday work.

...align my own behavior with the Values, needs and priorities of the Auxiliary.

...communicate in a way that maintains others' trust, respect and dignity. I will think about the impact of my own behavior on others.

...work with others to be effective members of the Auxiliary.

...consider the common good as well as individual desires.

...be loyal to our Auxiliary as well as our hospital. If I have any criticism or complaint, I will report it to the Volunteer Manager, Auxiliary President, or my Chair.

...openly and willingly accept change and encourage other volunteers to accept change. Accept that the "we've always done it that way," may not be the best way.

...work to complement an environment where volunteers are expected to anticipate and exceed customer needs.

...have a genuine desire to help others, especially those in need. I will listen attentively to understand people's needs and emotional state, and overcome obstacles in serving them.

...derive real satisfaction from serving others.

...be courteous and cooperative at all times.

...provide a safe environment for patients, visitors, and staff.

...identify safety, infection control and work environment hazards with prompt resolution and/or reporting of problems.

...demonstrate current knowledge of response to announced codes when in the hospital.

...adapt to and work effectively with the various individuals involved in the Auxiliary.

...maximize the use of time along with value and seek opportunities to learn.

...build and maintain positive relationships with people.

VOLUNTEER AGREEMENT

AS A MERCY MEDICAL CENTER AUXILIARY MEMBER, I AGREE THAT:

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel and not seek to obtain confidential information from a patient.
2. My services are donated to the hospital without contemplation of compensation or future employment and given for humanitarian, religious or charitable reasons.
3. I shall not solicit any business for an attorney or an insurance company, either on or off hospital property. I shall report all known occurrences of solicitation for attorneys to the Volunteer Manager.
4. I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Volunteer Manager to engage in these activities.
5. I understand that Mercy Hospital is a health organization, and it has an obligation to protect their patients from infectious diseases. As part of the infection control, I will participate with Tuberculosis testing and/or follow-up testing or screenings as may be required and will release this specific information to the hospital's health nurse.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and endeavor to make my work professional in quality.
7. I shall attempt to resolve any problems related to my volunteer activities with my Chair, and, if unsuccessful, attempt to resolve any such problems with the Auxiliary President and the Director of Volunteer Services.
8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
9. I shall at all times uphold the philosophy and standards of the hospital.
10. I understand that volunteers serve at the discretion of the Auxiliary Board and Mercy Health System of Northwest Arkansas Board of Trustees. In the event that a termination of volunteer's services occur, I can expect the dignity of private conversation as to the specific reason of termination which may include:
 - a. failure to comply with hospital policies, rules and regulations;
 - b. absences without prior notification; or
 - c. unsatisfactory personal conduct, attitude, work or appearance.

I have read each of the above conditions and I agree to each.

_____ Signature of Volunteer

_____ Date