



APPLICATION FOR VOLUNTEERS

PLEASE PRINT

Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

Name preference: _____ Birth date: _____

Email address: _____

Race: _____

Highest level of education: GED High School Assoc. Degree
Bachelor Grad School

School Name	Dates of Attendance	Field of Study

Please list the days and times you are available to volunteer:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

Are there certain hospital departments or specific tasks that interest you?

Please list your skills/interests and any special training. Include previous volunteer experience.

Have you ever pled guilty or been convicted of a crime(s) other than minor traffic violations? Yes No If yes, explain: _____

Please list any health concerns/allergies:



Emergency Contact

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Employment

If you have been employed in the last five years, please complete the table below. Skip if you have not been employed within the last five years. Include both full and part-time work.

Dates of Employment	Place of Employment	Address and Phone Number of Employer	Duties Performed	Reason for Leaving

References

Please list two references. (non-family; ie: clergy, friend, supervisor, teacher, etc.)

Name: _____ Phone: _____
Address: _____
Occupation: _____ Relationship: _____
How long have you known this person? _____ (years)

Name: _____ Phone: _____
Address: _____
Occupation: _____ Relationship: _____
How long have you known this person? _____ (years)

I have completed the above information to the best of my ability and understand that any falsification of the information provided may prohibit me from volunteering. As a volunteer, I agree to hold confidential all information to which I may have access. This includes, but is not limited to, information on current, former or prospective patients and employees. Disclosure of such information to unauthorized persons is prohibited and may result in my dismissal from the volunteer program and may have additional legal consequences.

Volunteer Signature: _____ Date: _____



Volunteer/Student Services Agreement

In connection with my activities as a volunteer/student, I agree to hold confidential all information to which I may have access. This includes, but is not limited to, information on current, former, or prospective patients, employees, students, and scholars. *Disclosure of such information to unauthorized persons is prohibited and may result in my dismissal from the volunteer/student program and may have additional legal consequences.* My services are donated to the hospital without contemplation of compensation or future employment. I further understand that I am not entitled to worker compensation benefits, health insurance benefits, or any other benefit available to employees of Bon Secours Baltimore Health System. I am aware that Bon Secours Baltimore Health System does not provide insurance coverage for volunteers/students if personally injured or if damage occurs to personal property while acting as a volunteer/student. I agree that I will not hold Bon Secours Baltimore Health System, or its officers or agents thereof liable for any injury sustained to person or property while acting in a volunteer/student capacity. I understand the role of a volunteer/student in a healthcare setting has particular risks including but not limited to exposure to communicable diseases and infectious diseases.

I understand that the Bon Secours Baltimore Health System's Volunteer and Student Programs Department reserves the right to terminate my volunteer/student status as a result of: failure to comply with hospital policies, rules and regulations; absences without prior notification; circumstances which, in the judgment of the Department Manager, would make my continued service as a volunteer/student contrary to the best interests of the health system.

The information provided in this application is true, correct and complete. If accepted as a volunteer/student, any misstatement or omission of fact on this application may result in my ineligibility or may result in my dismissal. I hereby authorize Bon Secours Baltimore Health System to determine my suitability and justification for my role as a volunteer/student, and to contact any or all of my references. I authorize school, employers and references named in this application to provide Bon Secours Baltimore Health System with any relevant information that may be required to arrive at a decision regarding being accepted as a volunteer/student. I hereby release and acquit Bon Secours Baltimore Health System from any liability whatsoever for any damage which I may suffer or sustain by reason of its use of any such information.

I understand that I am required to have a health screen prior to beginning work which may include drug testing. I realize that Bon Secours Baltimore Health System does background checks when considering applicants for positions and that I will be requested to complete a background check.

I have read the above conditions and I agree to be bound by them.

Volunteer/Student Signature

Date



Confidentiality and Security Agreement

Bon Secours Health System, Inc. (Bon Secours) has a legal and ethical responsibility to safeguard the privacy of all patients, residents, and clients and to protect the confidentiality of their personal health information. Additionally, Bon Secours must protect the confidentiality of organizational information that may include, but is not limited to, human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems, and management information from any source or in any form including, without limitation, paper, magnetic or optical media, conversations, electronic, and film. For the purpose of this Agreement, all such information is referred to as "Sensitive Data." In the course of my employment / association / affiliation with Bon Secours, I understand that I may have access and / or exposure to Sensitive Data.

I UNDERSTAND AND HEREBY AGREE THAT:

1. I will access and / or use Bon Secours' Sensitive Data only as necessary to perform my job-related duties and in accordance with Bon Secours' policies and procedures.
2. My User-ID and password are confidential, and in certain circumstances may be equivalent to my **LEGAL SIGNATURE**, and I will not disclose them to anyone. I understand that I am responsible and accountable for all entries made and all information accessed under my User-ID.
3. Violation of this Agreement may result in disciplinary action, up to and including civil or criminal action, termination of employment / affiliation / association with Bon Secours, and suspension and / or loss of medical staff privileges in accordance with Bon Secours' policies.
4. I will not copy, release, sell, loan, alter, or destroy any Sensitive Data except as properly authorized by law or Bon Secours policy.
5. I will not discuss Sensitive Data so that it can be overheard by unauthorized persons. It is not acceptable to discuss information that can identify a patient in a public area even if the patient's name is not used.
6. I will only access and / or use systems or devices that I am authorized to access / use, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
7. I have no expectation of privacy when using Bon Secours' information systems. Bon Secours has the right to log, access, review, and otherwise use information stored on or passing through its systems, including email.
8. I will never connect to unauthorized networks through Bon Secours' systems or devices.
9. I will practice secure electronic communications by transmitting Sensitive Data in accordance with approved Bon Secours security standards.
10. I will practice good workstation security measures such as never leaving a terminal unattended while logged in to an application, locking up removable media when not in use, using screen savers with activated passwords appropriately, and positioning screens away from public view.
11. I will:
 - a. Use only my assigned User-ID and password.
 - b. Use only approved licensed software.
 - c. Use a device with virus protection software.
 - d. Not attempt to learn or use another's User-ID and password.
12. Upon termination of my employment / affiliation / association with Bon Secours, I will immediately return or destroy, as appropriate, any Sensitive Data in my possession.
13. I will disclose Sensitive Data only to authorized individuals with a need to know that information in connection with the performance of their job function or professional duties.
14. Unauthorized or improper use of Bon Secours' information systems and / or Sensitive Data, is strictly prohibited and may not be covered by Bon Secours' insurance or my personal professional malpractice insurance. **Any such violation may subject me to personal liability as well as sanctions for violation of state and federal law.**
15. I will notify my manager, Privacy Officer, IT Security Lead, Bon Secours Security Administrator, or other appropriate Information Services personnel if my password has been seen, disclosed, or otherwise compromised.
16. My obligations under this Agreement will continue after termination of my employment / affiliation / association with Bon Secours.

By signing this document, I acknowledge that I have read this Agreement, and I agree to comply with all the terms and conditions stated above.

Signature _____ Date _____

Printed Name _____ Employee # _____

Entity _____

(i.e. Bon Secours Hospital, St. Francis Medical Center, or third-party, etc.)

Department _____ License # _____





Request for Background Check

Account #003443

Social Security Number

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Date of Birth - used for identification purposes only

MONTH		DATE		YEAR					

First Name	Middle Name	Last Name
Other Names Used (maiden name, AKA names, etc.)		

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[]
					[]
					[]
					[]
					[]

Driver's License Number	State of Issue
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