



## Junior Volunteer Application Form

**Date of Application:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Preference:**  Call  Text

**Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

Do you authorize the Volunteer Program to add your contact information to the volunteer list?  Yes  No

Do you agree to allow your photo to be taken and used for recruitment, recognition and/or other official Volunteer Program uses?  Yes  No

**Work/Volunteer Experience:** \_\_\_\_\_

**Hobbies and/or Activities:** \_\_\_\_\_

**Why did you decide to volunteer at MVH/IFCH?** \_\_\_\_\_

**Preferred Volunteer Position:**

- Information Desk  Lobby  Surgical Waiting Room (16+)  Snack Cart  ICU (16+)
- Pain Clinic  Teton Cancer Institute

**Second Choice Position:**

- Information Desk  Lobby  Surgical Waiting Room (16+)  Snack Cart  ICU (16+)
- Pain Clinic  Teton Cancer Institute

**Presently Employed?**  Yes  No **Employer:** \_\_\_\_\_

**Education/Training/Foreign Language:** \_\_\_\_\_

**References:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Time Available:**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Weekends: \_\_\_\_\_

Have you ever been accused, disciplined, found guilty or convicted of any type of harassment, violence or infraction involving dishonesty or financial impropriety in the work place?

Yes  No

If YES, explain: \_\_\_\_\_

Have you ever been convicted or entered into a plea bargain for a crime?

Yes  No

If YES, explain: \_\_\_\_\_

Are there any work activities or conditions you must avoid?

\_\_\_\_\_

*By signing below you are confirming that the above information is true to the best of your knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Junior Volunteer Guardian Permission Form

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_ to work as a volunteer with Mountain View Hospital and/or Idaho Falls Community Hospital. If my child does not have their own transportation to and from the hospital, I agree to provide that transportation for them.

I authorize MVH and/or IFCH to give emergency medical treatment to my son/daughter if needed.

IN CASE OF EMERGENCY, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you agree to allow your child's photo to be taken and used for recruitment, recognition and/or other official Volunteer Program uses?     Yes     No

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

**MOUNTAIN VIEW HOSPITAL AND IDAHO FALLS COMMUNITY HOSPITAL VOLUNTEER  
CONFIDENTIALITY AGREEMENT**

Organizational information that may include, but is not limited to, financial, patient identifiable, employee identifiable, intellectual property, financially non-public, contractual, of a competitive advantage nature, and from any source or in any form (i.e. electronic, paper, magnetic or optical media, oral, film, etc.) is considered confidential. Information's confidentiality and integrity are to be preserved and its availability maintained. The value and sensitivity of information is protected by law and by the strict policies of MVH and IFCH. The intent of these laws and policies is to assure that confidential information will remain confidential through its use. Unauthorized release of confidential information may have personal, civil, and/or criminal liabilities and legal penalties attached including prosecution under Federal and State of Idaho laws.

It is the policy of MVH and IFCH that users (e.g. employees, medical staff, physician, office staff, students, volunteers, vendors, outside affiliates, and allied health professional staff) shall respect and preserve the privacy and confidentiality of patient and personnel information.

*I, THE UNDERSIGNED, AGREE TO COMPLY WITH THE FOLLOWING TERMS AND CONDITIONS:*

1. I am responsible and accountable for any data available to me. I will keep all information that I see or hear confidential.
2. I will not request any information I have no responsibilities for. In addition, I will not access any other confidential information, including personnel, billing or private information.
3. If I have reason to believe that the confidentiality that I have signed has been compromised, I will immediately contact the Volunteer Coordinator.
4. I will not disclose any confidential information unless required to do so in the official capacity of my employment or contract. I also understand that I have no right or ownership interest in any confidential information.
5. I will comply with all policies and procedures and other rules of MVH & IFCH relation to confidentiality of information and sign-on codes.
6. I agree to return all documents, etc., and any other information that is property of MVH and/or IFCH that I may have in my possession when requested by my manager or upon termination of my affiliation with MVH & IFCH.
7. I agree not to use the information in any way detrimental to the organization and will keep all such information confidential.
8. I will not disclose protected health information or other information that is considered proprietary, sensitive, or confidential unless these are a need to know basis.
9. I will limit distribution of confidential information to only parties with a legitimate need in performance of the organization's mission.
10. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship.
11. This agreement shall survive the termination, expiration, or cancellation of this agreement.

*I further understand that if I violate any of the above terms, I may be subject to disciplinary action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to MVH and/or IFCH.*

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_