

Volunteer Application Form (continued)

Please read the following carefully before signing this application form.

Regional West patients have the right to privacy. Disclosing any patient confidential information, whether medical or personal data, will result in disciplinary action (as described in Policy #205.0.06 on Disciplinary Action/Dismissal).

I certify by my signature that the information I have provided on this application is correct. I authorize investigation of all matters contained in this application and agree that any misleading information, false statements or omissions would be cause for rejection of my application, or would be cause for my dismissal. I voluntarily give Regional West Medical Center the right to make a thorough investigation of my past employment and release from all liability or responsibility all persons, companies or corporations supplying such information. I agree and understand that I must comply with all current and future rules, regulations, policies, procedures, practices and protocols of Regional West Health Services and that I am responsible for compliance with all revisions, and/or additions to rules, regulations policies, procedures, practices and protocols during the course of my volunteer service.

Date _____

Applicant's signature _____