

Volunteer Application Form (continued)

Have you ever been convicted or found guilty by a judge or jury of any crime (felony or misdemeanor) that resulted in imprisonment, jail, probation, a deferred sentence, or a fine? (A conviction will not necessarily bar volunteering; seriousness of the offense and rehabilitation will be considered.)

Yes No

If yes, please explain _____

Has there ever been a restraining order entered against you by any court for any domestic purposes, physical or verbal abuse or stalking?

Yes No

If yes, please explain and provide date of order and identify court that issued the order along with a case number. _____

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts, or incomplete answers in any application document will disqualify me from further consideration for volunteering.

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 _____