

Please return to:

J.C. Blair Memorial Hospital
Volunteer Services
1225 Warm Springs Avenue
Huntingdon, PA 16652
814.643.8833



Volunteer Services Application

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home/Cell Phone _____ Email _____

In case of emergency, please contact:

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Education and Work Experience

How did you learn about our volunteer program? _____

Have you volunteered before? ____ If so, where and when? _____

Education/Work Experience _____

What are your interests/special skills? _____

Have you ever pled guilty or been convicted of a crime? Yes No

If yes, when did the offense occur? _____ Nature of crime: _____

Are you required to volunteer? Yes No If yes, by whom? _____

Volunteer Preferences – Please circle all that apply

Shift Morning Afternoon Evening

Day Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Focus Escort Patient Care Clerical
Other _____

References: Name, Address, Phone Number, Email, Relationship to Applicant

1.) _____

2.) _____

*Reference sheets will be mailed to each reference. At least one reference must be received prior to acceptance as a J.C. Blair volunteer.

Waiver for injuries or damages resulting from Volunteering

The undersigned, in consideration of being permitted to serve as a J.C. Blair Memorial Hospital Volunteer, does hereby release and forever discharge the J.C. Blair Memorial Hospital, and any and all of its' Directors, Officers, Agents, and Employees from all claims, causes of action, judgments, and legal remedies which I, or my executors, administrators, trustees, receivers or assigns may ever have or claim by reason of my contracting any diseases as a result of such voluntary activities, or my suffering personal injuries or property loss during the course of performing such volunteer activities or while traveling to or from the Hospital facility to perform such volunteer activities provided that this release does not diminish or dilute the undersigned volunteer's rights, if any, under any insurance coverage provided by J.C. Blair.

Volunteer Signature Date

Parent/Guardian Signature (if volunteer is under age 18) Date

Statement of Confidentiality

As a Volunteer of J.C. Blair Memorial Hospital, I agree to abide by and adhere to the following Policy and application regarding confidentiality:

POLICY: It shall be the policy of J.C. Blair Memorial Hospital to prohibit Volunteers from disclosing any information regarding the hospital or its operations, or its patients to individuals not authorized to receive such information. Additionally, unauthorized access to information, including but not limited to patient records, financial statements, personal records, etc., regardless of whether or not the information is disclosed, is strictly prohibited. Volunteers violating this policy will be subject to disciplinary action up to and including discharge.

Volunteer Signature Date

OFFICE USE ONLY
Application Date _____ Interview Date _____ Health Clearance Date _____
Reference Received _____ Results _____ Volunteer ID Number _____
Orientation Date _____ Confidentiality _____ Badge _____
Placement _____ Orientation to Department _____
Start Date _____ Position Description _____
End Date _____ Reason _____ Badge/Uniform Returned _____