



1225 Warm Springs Avenue, Huntingdon, PA 16652

**Volunteer Services Application**  
Volunteer Coordinator: Stacey Freitag  
(814) 643-8833

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

How did you learn about our volunteer program? \_\_\_\_\_

Have you volunteered before? \_\_\_\_ If so, where and when \_\_\_\_\_

What are your interests? \_\_\_\_\_

Do you have special skills you would like considered when placing you as a volunteer?  
\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

**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 \_\_\_\_\_

\*\*\*\*\*

**Physician Clearance**

To my knowledge this individual is free from contagious disease. To my knowledge, this individual has no physical limitations that would limit his/her ability to act as a volunteer. If the patient has a contagious disease or physical limitation, please explain:

\_\_\_\_\_  
Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**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

**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

**REFERENCES**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

**OFFICE USE ONLY**

\*\*\*\*\*

Application complete \_\_\_\_\_ Interview complete \_\_\_\_\_

Placement \_\_\_\_\_ Badge \_\_\_\_\_ Uniform \_\_\_\_\_ TB Test \_\_\_\_\_

Orientation Date \_\_\_\_\_ Fire/Safety \_\_\_\_\_ Confidentiality \_\_\_\_\_ Core/Mission \_\_\_\_\_ Tour \_\_\_\_\_

Orientation to Department \_\_\_\_\_ Benefits \_\_\_\_\_ Responsibilities \_\_\_\_\_

Position Description \_\_\_\_\_