



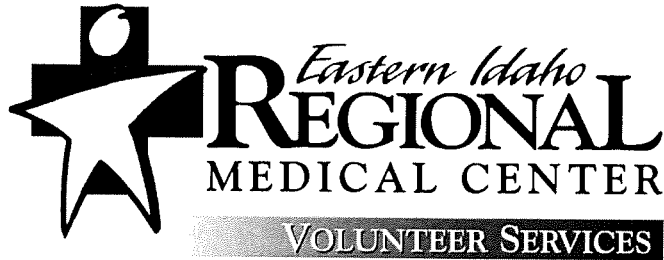
Dear Prospective Volunteer,

Thank you for your interest in volunteering at Eastern Idaho Regional Medical Center! Please note that we are not able to accept volunteers that require court-ordered community service hours.

Volunteer Requirements:

- Age: Must be at least 14 years old. Candidates under 18 must have parental permission.
- **Commitment: Due to the resources and time invested in volunteer training, we require a minimum commitment of 100 hours and/or a 1 year commitment from our volunteers. Please do not apply if you are unable to make this commitment. Regular attendance is essential. There is a system in place that allows for reasonable absences, vacation and family time-off. As a general rule, volunteers are asked to serve a minimum 3-5 hr shift, one day per week. The success of our volunteer program is based on the dependability of our volunteers.**
- Two Letters of Recommendation
- Interview: After your application is reviewed you may be contacted for an interview. Interviews are based on current openings and are conducted to determine if volunteering is a good match for both you and the hospital. Please bring your immunization records with you to the interview. Immunization records are required if you were born in or after 1957.
- New Volunteer Orientation (NVO): Volunteers are required to complete NVO prior to being brought on as a volunteer. All of this can be done online and takes 1-2 hours. You will also receive area specific orientation depending on where you will be volunteering.
- Background Check: a background check is required for all prospective volunteers. You must be willing to include driver's license, social security number and former addresses.
- Health Screening: New Volunteers need to complete a tuberculosis (TB) skin test and MRSA screening (this is done @ EIRMC and there is no charge to the volunteer). You are required to be up to date on immunizations (MMR, Hep B, Tdap, Varicella). Volunteers are required to have the annual flu vaccine to protect you and our patients. Flu shot clinics are held at EIRMC each October.
- You will be issued a badge and yellow volunteer lanyard.
- Uniform: Males have the option of purchasing an EIRMC Polo (\$12-14), ladies have the option of purchasing an EIRMC polo (\$12-14) or volunteer jacket (\$22). Junior Females purchase a junior smock for \$8.

Sincerely,  
Marchelle Jensen, Manager Volunteer Services  
208.529.6201  
Fax 855.721.5310  
marchelle.jensen@hcahealthcare.com



NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ (must be 14 yrs old)  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL (required) \_\_\_\_\_  
EDUCATION (Circle last year completed) High School 1 2 3 4 College 1 2 3 4

Have you volunteered before?

- Yes  
 No

If yes, what type and where? \_\_\_\_\_  
\_\_\_\_\_

What type of service do you prefer? \_\_\_\_\_

Time you have available for volunteer work: \_\_\_\_\_

Preferred days and hours (typical shifts are 7-12, 8-12, 12-4, 4-6:30pm, and 4-8pm):

Days \_\_\_\_\_ Hours \_\_\_\_\_

How long do you intend to volunteer at EIRMC?

- Less than six months  
 Six to twelve months  
 One year or longer

Desired activity level:

- Very Active (capable of walking distances and pushing wheelchairs)  
 Moderately Active (some walking)  
 Limited Activity (requires mostly sitting)

What specifically brought you to volunteer at this point in your life? \_\_\_\_\_  
\_\_\_\_\_

Our goal is to match qualified applicants with available positions. If we do not call you at this time, we will keep your application on file for six months.

Are you currently employed: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number of hours per week \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Describe employment, school, or community experience and skills applicable to volunteering: \_\_\_\_\_  
\_\_\_\_\_

Special skills, training, interests or hobbies (crafts, typing, music, first aid courses, foreign languages, sports, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

In the event of illness, injury, or emergency, contact:

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

Junior Volunteers: Please list all of your after-school activities and any special summer activities you will be participating in.

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**\*\*Please include two letters of recommendation**

By my signature below, I understand that:

- I authorize a reference and criminal background check, as well as an investigation of any and all statements contained in this application, for the purpose of determining volunteer decisions.
- In the event of acceptance into the volunteer program, it is my responsibility to read the rules and regulations of Eastern Idaho Regional Medical Center Volunteer Manual, position description of my volunteer assignment, and the I AM EIRMC values. I agree to abide by these rules and regulations and to perform my assigned volunteer duties to the best of my ability. If I cannot perform essential duties and requirements I will notify the Manager of Volunteer Services immediately or request reasonable accommodations in performing essential functions of this position.
- Volunteers are considered a member of our EIRMC family, and as such have a certain responsibility to EIRMC and its patients; to observe the same code of ethics as professional staff, to adhere to EIRMC's policies and procedures, and to uphold patient confidentiality.
- Before beginning an active volunteer assignment, I will be required to:
  - Complete Orientation
  - Complete a criminal background check and health screening (please attach immunization records if born in or after 1957).
  - Attend department specific orientation.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(If under age 18)

EASTERN IDAHO REGIONAL MEDICAL CENTER

**PERMISSION SLIP: BACKGROUND/CREDIT/TB/MRSA**

I, \_\_\_\_\_ give permission to Eastern Idaho Regional Medical Center to do a background check, as well as, a TB and MRSA (a nasal culture) test on my child, \_\_\_\_\_, over whom I have guardianship. I understand that this information is strictly confidential and will be used by the hospital only to determine eligibility of my child to be a volunteer.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Dear Parents of Prospective Junior Volunteer,

We would like to thank you for your interest and involvement in your son's or daughter's journey to become a volunteer for EIRMC. We are always available for your input and questions during the process.

#### PERMISSION SLIPS & INTERVIEWS

We will ask the junior volunteer applicant to come in for an interview; at this interview the junior volunteer applicant will need to bring in the following completed forms.

- Please sign the permission slip for:  
Background/Credit/TB/MRSA (We will only run checks if accepted to be in the Junior Volunteer program.)
- We need a copy of the Junior Volunteer applicant's immunization records. The applicant must be up to date on all vaccinations.

#### SCHEDULES

- Most volunteers volunteer one day a week. The junior schedule is Monday through Friday, 4 to 6:30 p.m., Saturday, 10 a.m. to 1 p.m., and 1 to 4 p.m., and on Sunday, 1 to 4 p.m.
- We will work with the junior to pick a day that works for them and for the hospital.
- It is extremely important to arrive on time.
- For the purpose of scheduling, it is important to give advance notice if vacation time is needed.
- In the event of illness, please call 529-6201 to let us know that the volunteer will not be in to volunteer.

Sincerely,  
Marchelle Jensen  
Manager Volunteer Services  
208.529.6201



## VOLUNTEER HEALTH CERTIFICATION FORM

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SS# \_\_\_\_\_ DEPARTMENT: Volunteers/ 925

ADDRESS: \_\_\_\_\_  
STREET
CITY
STATE
ZIP

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 CELL #: \_\_\_\_\_

**TO BE COMPLETED BY VOLUNTEER:**

- A. Have you ever had chicken pox?  YES  NO  
 If you answered no, have you ever had chicken pox vaccine?  YES  NO
- B. Were you born in or after 1957?  YES  NO  
 If "YES": Attach a copy of proof of two (MMR) Vaccinations  
 If available.
- C. Have you ever had a positive reaction to a tuberculosis skin test?  YES  NO
- D. Do you have a known sensitivity or allergy to latex?  YES  NO
- E. Annual flu vaccination is required for volunteering. Please provide documented proof of seasonal flu vaccination.

**I certify that the above information is correct to the best of my knowledge.**

\_\_\_\_\_  
 Volunteer signature Date

\_\_\_\_\_  
 Employee Health Representative Date



## Statement of Understanding

EIRMC makes a large investment in each person who comes to our facility to volunteer. Therefore, it is important that each volunteer applicant understand and agree to the items below. Volunteer placement is contingent on acceptance into the program following completion of the application, interview and screening process.

### What are we looking for?

The ideal volunteer candidate has the following characteristics:

- Energy, Excitement, and Enthusiasm!
- A positive attitude along with a SMILE.
- Time, ongoing availability, and the ability to volunteer on a regular, weekly basis.
- The ability to commit to at least 100 hours and a year.
- The ability to embrace change and adapt quickly.
- Mature, responsible, friendly, outgoing; and a professional appearance.

Please read each statement below to confirm agreement and understanding:

- Volunteers agree to complete 100 hours of volunteer service over a 12-month period. These hours are generally served in one shift of 4 hours each week.
- Volunteer Services will not write letters of service confirmation or letters of recommendation for those who do not complete their 100 hour service agreement.
- After the interview it takes 1-2 weeks to complete the onboarding process. I understand that if I fail to complete each step in a timely manner or if my total onboarding time exceeds 3 weeks, Volunteer Services reserves the right to rescind the offer of placement in the Volunteer Program.

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

Volunteer Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

# EASTERN IDAHO REGIONAL MEDICAL CENTER – VOLUNTEER #11242

## VOLUNTEER INFORMATION

FULL NAME \_\_\_\_\_  
 Any Other Names Used \_\_\_\_\_  
 Email address: \_\_\_\_\_ (Provide If you prefer to receive information via email)  
 Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver's License State \_\_\_\_\_ No. \_\_\_\_\_  
 Have you ever been convicted of a crime? \* Yes  No   
 Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_  
 Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

\*To disclose additional criminal history, please provide those details on a separate sheet of paper and attach it to this form.  
 Please provide all locations where you have resided for the past seven (7) years, starting with your current residence.

	City	State	Dates	From:	To:
1.	_____ / _____	_____	_____	_____	_____
2.	_____ / _____	_____	_____	_____	_____
3.	_____ / _____	_____	_____	_____	_____

### STATE LAW NOTICES

**Minnesota** applicants or employees only: You have the right to request in writing from PreCheck, Inc., a complete and accurate written disclosure of the nature and scope of the report(s) requested by the Company. Place an X here \_\_\_\_\_ for a disclosure to be sent to you.  
**Oklahoma** applicants or employees only: Mark an X here \_\_\_\_\_ for a free copy of a consumer report if one is obtained by the Company.  
**California** applicants or employees only: Please mark this field \_\_\_\_\_ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.  
**California** applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. \_\_\_\_\_  
**New York** applicants or employees only: If an investigative consumer report has been requested by the Company, the name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document. You have the right to inspect and receive a copy of the investigative consumer report by directly contacting the consumer reporting agency, PreCheck, Inc. In connection with the Company's request for the preparation of a consumer report or investigative consumer report about you, the Company has provided you with a copy of Article 23-A of the New York Correction Law. Please mark this field to acknowledge receipt of a copy of Article 23-A: \_\_\_\_\_  
**Maine** applicants or employees only: If you are applying for a position in the State of Maine, you may request and promptly receive from the consumer reporting agency copies of all investigative consumer reports about you requested by the Company. The name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document.  
**Massachusetts** applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.  
**Washington State** applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested.

I have read and understand the above information and assert that all information provided by me is true and accurate.

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

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.



**EASTERN IDAHO REGIONAL MEDICAL CENTER – VOLUNTEER #11242  
VOLUNTEER DISCLOSURE & AUTHORIZATION**

FULL NAME \_\_\_\_\_  
Other Names Used \_\_\_\_\_  
Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Driver's License State: \_\_\_\_\_ DL Number: \_\_\_\_\_

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Eastern Idaho Regional Medical Center – Volunteer ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

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

Nevada Private Investigator License # 1618

Ver. 0913

[www.PreCheck.com](http://www.PreCheck.com)

[info@precheck.com](mailto:info@precheck.com)

ph: 800-999-9861

fax: (800) 207-2778