

INOVA HEALTH SYSTEM VOLUNTEER APPLICATION

Adult Application 18 and Older []

College student []

High School student []

PERSONAL INFORMATION *(please print)*

Name: _____

First

Middle Initial

Last

Nickname

Address: _____

City: _____ State: _____ ZIP: _____ D.O.B. _____

Home Phone: () _____ Work Phone: () _____ Ext. _____

E-mail Address: _____ Cell/Pager: () _____ Sex: Male Female

BACKGROUND

Employment: Are you currently employed? Yes No If yes —or if you have ever been employed—please provide details:

Employer: _____

Company Name

Position

Supervisor

Years

Briefly describe your responsibilities: _____

Have you volunteered for Inova before? Yes No What facility _____ Year(s) _____ Position _____

Education: Please provide information on only your highest level of education.

School/University: _____ **Degree obtained:** _____

Are you currently enrolled in higher education? _____ If yes, school & course of study _____

History: For security purposes, we must conduct a background check on all volunteers. Conviction for a crime will not necessarily bar you from our program.

Have you been convicted of or have you plead guilty to any crime or municipal ordinance violation including misdemeanors or traffic violations other than a parking ticket (including Military Service)? Enter yes or no _____

Have you ever been ordered by a court to perform community service? Enter yes or no _____

If "yes" to either question, please explain: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

First

Last

Tel #s: Home: _____ Work: _____ Cell: _____

AVAILABILITY

Day(s) most convenient for you to volunteer: _____

Time(s) most convenient for you (please circle all that apply): Morning (8-12) Afternoon (12- 4)

If you prefer to volunteer in a particular hospital program or service or location, please specify. _____

On what date can you start? _____

Inova STANDARDS OF BEHAVIOR

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φ Professionalism – Confidentiality & Privacy – Sense of Ownership – Accountability – Commitment to Each Other – Safety Communication – Stewardship – Caring Relationships

Our Standards of Behavior are the foundation of our service excellence culture. It is expected that all volunteers will live these standards and by following them we will bring our mission, beliefs and commitments to life and accelerate our vision to be the best healthcare system in the world.

As a volunteer I understand that I can and will be terminated as a volunteer at any time I am deemed a risk to myself, others or am deemed not in compliance with the IMVH Standards of Behavior or the Policies and Procedures as they have been explained to me.

φ Inova facilities are tobacco-free environments. Will you be able to comply with this policy? ψ Yes ψ No

WORK ENVIRONMENT

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φ Some volunteer positions require physical and sensory demands including extensive walking or standing, ability to push wheelchairs, to lift and/or carry moderately heavy items, adequate hearing for handling phone requests and the ability to be patient, polite and calm under stressful circumstances. Do you have any limitations that would affect your ability to perform essential volunteer position functions or preferences for your own safety to avoid certain tasks? If yes, please indicate the type of work you feel is unsuitable for you: _____

SIGNATURE

Please sign on the line below. Entering your name on the signature line confirms that the above information is truthful and provided freely. For junior applicants, parental signature is also required. I consent to having the IMVH employee Health Department administer the required TB test for myself or my teen in accordance with IMVH volunteer polices and agree to provided TB free documentation to the volunteer office

Signature _____ Date _____

Signature of parent (if under 18 years) _____ Date _____

TWO personal references are required as part of your application. Before submitting this form, please print TWO copies of the Personal Reference Request (go to inova.org and click on the hospital of your choice). When your references have completed their forms, they may mail them to the address below or fax them to the number below. The Personal Reference Request is in .pdf format, which is read by Adobe Acrobat Reader. To download a free copy of Adobe Acrobat Reader, go to http://www.adobe.com/products/acrobat/readstep2.html This application may also be printed and mailed to:

Inova Mount Vernon Hospital Volunteer Service Department 2501 Parkers Lane Alexandria, VA 22306 Fax # 703 664 8339 Email Sheila.barnes@inova.org.

After receiving a completed application and two references, we will contact you to request an interview or notify you by mail if your application requests do not match available positions.

Thank you for your interest in volunteering for Inova Health System

For Office Use Only
Vol. I.D. No. _____
Dues Paid \$ _____
Interview Date: _____ Orientation Date: _____ Start Date: _____ Date of Birth: _____
Pre Check: PC No. _____ Cleared? Yes No
Assignment: Service ID Day Shift Comments
After Training: ID Badge # PPD Uniform
Notification: Coordinator Date
Method: E-mail Fax Inter-Office
Comments: _____

Inova Mount Vernon Hospital Auxiliary Personal Reference Request

(Family members or individuals who share the applicant's household may not serve as references.)

Applicant's Name: _____ Date: _____
Please Print

The person named above has applied to Inova Mount Vernon Hospital for a volunteer position. This program requires individuals who are dependable, punctual, motivated, personable and cooperative. Personal neatness and the ability to accept and follow instructions are also needed. The individual must understand and honor the hospital's policy on patient privacy and must respect and keep confidential all information concerning patients and the hospital.

INSTRUCTIONS: Please evaluate the candidate on each of the following characteristics:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness, honesty, integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work as a team player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to problem-solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

κ If you would like to comment further, please do so on the bottom and back of this form. κ

How long have you known the applicant? _____ In what capacity? _____

May we call you? _____ Best time to reach you _____

Home Phone () _____ Work phone () _____ Ext. _____

E-mail Address _____ Cell/Pager () _____

Print your name _____ Signature _____ Date _____

Fax to (703) 664-8339 or mail to:

Inova Mount Vernon Hospital
Volunteer Services Dept., 2501 Parker's Lane, Alexandria, VA 22306

Comments: _____

