

**HealthQuest of Union County**  
**VOLUNTEER APPLICATION**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Currently employed at: \_\_\_\_\_

how long: \_\_\_\_\_

Description of job responsibilities: \_\_\_\_\_

\_\_\_\_\_

Please check all job skills that may be valuable in your work at HealthQuest of Union County:

<input type="checkbox"/> typing	<input type="checkbox"/> computer (microsoft)	<input type="checkbox"/> computer (general)
<input type="checkbox"/> copier/phone/fax		<input type="checkbox"/> public relations
<input type="checkbox"/> interview skills		<input type="checkbox"/> filing
<input type="checkbox"/> lab/venipuncture		<input type="checkbox"/> nurse/cma/emt
<input type="checkbox"/> dental assistant		<input type="checkbox"/> dental hygienist
<input type="checkbox"/> pharmacy technician		<input type="checkbox"/> physician
<input type="checkbox"/> dentist		<input type="checkbox"/> pharmacist

I would be available to work in the pharmacy:

monthly       every 4 to 6 weeks       every 2 months

Mondays only       either day

specific day of the month (i.e. 2nd Thursday): \_\_\_\_\_

I would be available more frequently: \_\_\_\_\_

I could be called as a last minute fill in: \_\_\_\_\_

Please list 2 names and addresses for professional references:

\* all information will be kept confidential \*\*references cannot be close family relations

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Relationship to volunteer \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Relationship to volunteer \_\_\_\_\_

Q: How did you hear about HQUC? \_\_\_\_\_

Q: What do you hope to accomplish by volunteering here? \_\_\_\_\_

Q: Have you ever volunteered for another non-profit organization?       yes       no  
if so, where? \_\_\_\_\_

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

**HealthQuest of Union County**

**VOLUNTEER STATEMENT OF ETHICS**

I, \_\_\_\_\_, as a volunteer with HealthQuest of Union County pledge to use my skill to the best of my ability in rendering care or assistance to clients or while serving in any capacity as a HQUC volunteer. I will strive to maintain a high level of compassion and understanding, and will treat all clients with respect in a courteous manner. I understand that all aspects of patient care are **STRICTLY CONFIDENTIAL** and are never to be discussed casually outside the clinic either with friends or family. Client information may never be released to anyone, verbally or in writing, except by written permission by the client specifying to whom the information can be disclosed.

**TO BE FILLED OUT BY PROFESSIONAL VOLUNTEERS**

I, \_\_\_\_\_, am currently licensed in the State of North Carolina as a \_\_\_\_\_. My license number is \_\_\_\_\_.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPROPRIATE VOLUNTEERS (DOCTORS, NURSES, DENTISTS, HYGIENISTS, OTHERS) HANDLING PATIENT SECRETIONS AND/OR BODY FLUIDS:**

I have received a copy of both the Medical and Infectious Disease protocol for HQUC.

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

## **CONFIDENTIALITY STATEMENT**

Please read the statement below. Please make sure you sign and date this form. If you have any questions pertaining to confidentiality please contact the Director of Volunteer Services.

### **CONFIDENTIALITY STATEMENT**

CMC-Union Volunteers may come in contact with information which is often highly confidential and/or of a sensitive nature.

As a *Volunteer*, I will consider as confidential all information which I may hear or see, directly or indirectly, concerning a patient, patient family member, doctor, or other health care employee. Further, I will not seek information from any of the above in regard to a patient.

Also, I will not seek personal information regarding personnel employed by the hospital unless such information is normally communicated as a part of my volunteer work assignment and is in accordance with hospital policy.

I understand that Release of any hospital information to unauthorized individuals is inappropriate and could result in immediate discharge.

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

\_\_\_\_\_  
Date