



# Coffeyville Regional Medical Center

www.crmcinc.org

## Auxiliary Volunteer Application

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_  
(Street, PO, etc) (City, State) (Zip Code)

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

### Employment

Please list previous employers and/or ex-volunteer experiences:

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### Education

Last level of Education:

High School: \_\_\_\_\_  
(Name of School) (City, State)

College: \_\_\_\_\_  
(Name of School) (City, State)

### In Case of Emergency Contact

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

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_



# Background Verification Disclosure

## Authorization and Release

I authorize the Hospital and any of its affiliates or its designated investigative agency to make whatever inquiries it may deem necessary in association with my application for volunteer work. As part of such inquiries, the Hospital, the affiliate, and the agency have my permission to contact persons who may have information relating to my suitability for employment.

I understand that information obtained by the Hospital, the affiliate, or the agency in accordance with this authorization may include, but is not limited to, information pertaining to my character, general reputation, personal characteristics, work habits, mode of living, driving judgments, arrests and convictions. This report may be compiled with information from court record repositories, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I further understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

I authorize the Hospital and its affiliates, without reservation, to furnish copies of this authorization and my application to any person(s) and/or consumer-reporting agency in connection with the above purposes.

The Volunteer must read and initial the following statements:

1. I understand this authorization will expire on \_\_\_\_/\_\_\_\_/\_\_\_\_ (1 month from today's date)

**Initials:** \_\_\_\_\_

2. I understand I may revoke this authorization at any time by notifying Coffeyville Regional Medical Center, Inc. in writing, but if I do so it will not have any effect on any actions they took before they received the written revocation.

**Initials:** \_\_\_\_\_

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**Volunteer Name (Printed) Note: print also any other names used**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date of Birth (MM/DD/YR)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Social Security Number**

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**Signature and Date**

## Volunteer Agreement

At Coffeyville Regional Medical Center, we greatly appreciate our staff of committed volunteers, and are dedicated to do the very best we can to make your volunteer experience here a productive and rewarding one. Because you are donating your time, you understand that you are not an employee of Coffeyville Regional Medical center and that you will not be paid for your work. You agree:

1. Donate your services and perform your duties to the best of your ability.
2. Confidential information, including but not limited to patient information, protected health information, personnel information and CRMC proprietary information shall not be discussed, copied, transmitted outside of appropriate venue, or removed from the premises of the hospital under any circumstances.
3. Adhere to all hospital rules and procedures, including the policy on non-discrimination and harassment.
4. All assignments to volunteer positions can be terminated at any time, by either party, with or without notice and with or without cause. No volunteer assignment is guaranteed for any specific period of time.
5. To be punctual and to provide adequate notice so that alternate arrangements can be made.
6. CRMC may check references and/or do background check and may use such information as may be obtained in making a decision regarding placement.
7. I have read and understand the Code of Conduct and agree to be bound by the applicable principles, standards, and policies contained in the Code currently, and as they might be amended from time to time. I will act in the best interest of CRMC and in accordance with the Code of Conduct and at all times during my relationship with CRMC. I will retain my copy of the Code of Conduct for my guidance. I agree to report any suspected or known violation of the Code of Conduct utilizing one of the reporting mechanisms identified in the Code.

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Signature

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Date

Your signature indicates your agreement to these responsibilities if placed as a volunteer. CRMC is not obligated to provide a placement, nor are you obligated to accept the position offered. Your signature also attests to the truthfulness of the information provided within.