

Claremore Hospital Auxiliary, Inc.
Membership Application

Fill in completely and return to Hillcrest Hospital Claremore, 1202 No Muskogee Pl,
Claremore OK 74017 or drop off at the Gift Shop for delivery to the Volunteer Office,
Attention: Dorothy Naumann

** Items must be completed.*

*Name _____

*Address _____ *Phone _____

*City _____ *State _____ *Zip _____

*Email address: _____ @ _____

*Birthday (m/d) ____/____/____ Today's date: _____

Spouse's first name _____

Occupation _____

If retired, what was your job before retirement: _____

*Previous volunteer experience at (organization/event/etc.) _____

as a (position/office) _____

**(Name)* _____, a member of the Claremore Hospital
Auxiliary recommended that I make this application to become a member – or –

*Attached is my letter of recommendation (this may be from an auxiliary member, co-worker,
minister, etc.) Please also give their name and contact information: _____

Education or Special Training: _____

Computer skills: _____

Hobbies, Skills or Special Interests: _____

Are you a musician? _____ What instrument(s)? _____

Have you ever been a clown? _____ An entertainer? _____

Community Affiliations (*church, clubs, other organizations*) _____

*Family obligations (*dependent spouse, number of children and their ages, invalids, etc.*) _____

*Do you drive? _____ Is your own vehicle available for your use? _____

*In order of preference, indicate **only** your top 5 volunteer interests below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Information desk | <input type="checkbox"/> Courier | <input type="checkbox"/> Any Clerical Position |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Make Tray Favors | <input type="checkbox"/> "Lick & Stick" |
| <input type="checkbox"/> Out Patient/Admitting | <input type="checkbox"/> Special Events | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Waiting Room Monitor | <input type="checkbox"/> Phone calls | <input type="checkbox"/> Education Department |
| <input type="checkbox"/> Senior Care | <input type="checkbox"/> Inventory/Storage Organizer | <input type="checkbox"/> Membership Drive |
| <input type="checkbox"/> Radiology | <input type="checkbox"/> Blood Drive Coordinator | <input type="checkbox"/> Other – describe |
| <input type="checkbox"/> Cheer Cart | <input type="checkbox"/> Photography | _____ |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Newsletter | _____ |

*I prefer to work on the following day(s) _____
(No weekends or holidays)

at: 9-12:30 a.m. _____ 12:30-4 p.m. _____

By signing below, I agree to exhibit exemplary moral and ethical behavior. I will not exploit my position as volunteer to promote my own agenda of personal, political or religious beliefs or standards and will show tolerance toward those of others. My responsibility, challenge and privilege as a volunteer is to be caring, loving, patient and considerate. I am to focus on my responsibilities in my area of volunteer service according to the policies and procedures of Hillcrest Claremore Hospital. In the case of loud or disruptive behavior, it is my duty to try to calm the situation and/or call security to handle it. I am to use courtesy, common sense and good judgment in all situations so that the hospital's Doctors and staff can effectively relieve the suffering of patients, comfort of family and friends and manage all resources to that end.

I further understand that any breach of confidence or any unethical or criminal behavior or approval or consent to anyone else for any of these actions will result in my immediate dismissal.

I further understand that the hospital will provide an Identification Badge and the Auxiliary will give me a uniform jacket or vest; both must be worn as a part of the prescribed uniform and at all times while performing volunteer services. Should I leave the Auxiliary for any reason, I understand that I must return both the uniform and the badge to the Volunteer Office in the hospital within 30 days of resignation or termination.

*Signature: _____ *Date: _____

Claremore Hospital Auxiliary, Inc., is a equal opportunity employer. Opportunities for unpaid staff are provided without regard to religion, creed, race, national origin, age or gender. We will not discriminate against our unpaid staff in any unlawful manner.

The above named person has been accepted into __Active__ __Associate__ __Affiliate__

Claremore Hospital Auxiliary, Inc.

Confidentiality Statement

I understand I am responsible for protecting the confidentiality and privacy of the patient's data, and that I am privileged to have this information as a result of my involvement as a volunteer.

I understand a written authorization such as a completed *Release of Information* form signed by the patient is required to release privileged information.

Further, I understand that intentional or involuntary violation of the patient's right to confidentiality or the facilities' trust will result in immediate reassignment or termination of my duties with Hillcrest Claremore Hospital and the Auxiliary, Inc.

*

Legal Name – printed

Date

*

Legal Name – signature

Date