

STAMFORD HOSPITAL

30 West Broad Street

P.O. Box 9317

Stamford Connecticut, 06904-9317

VOLUNTEER APPLICATION

It is the policy of Stamford Health System and its affiliates to accept the best-qualified personnel for volunteer positions based upon individual skills and the needs of the Stamford Health System and its affiliates without unlawful regard to race, color, religion, gender, sexual orientation, marital status, national origin, ancestry, age or physical or mental disability. You may request any needed accommodation to participate in the application process.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC, AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	
STREET ADDRESS					
CITY				STATE	ZIP CODE
PHONE NUMBER	BUSINESS NUMBER		CELL NUMBER		
-					
EMAIL ADDRESS				Fax # ()	

GENERAL INFORMATION

PLEASE LIST ANY SPECIAL SKILLS OR TALENTS
PLEASE LIST FOREIGN LANGUAGES YOU SPEAK FLUENTLY

VOLUNTEER OR WORK EXPERIENCE

ORGANIZATION NAME AND ADDRESS	
DATES WORKED	POSITION DESCRIPTION
ORGANIZATION NAME AND ADDRESS	
DATES WORKED	POSITION DESCRIPTION

EDUCATION

HIGH SCHOOL	YEAR COMPLETED
COLLEGE	YEAR COMPLETED
MAJOR	GRADUATE SCHOOL

HOW DID YOU HEAR ABOUT US? (Circle any that apply)

WALKIN	WEBSITE	BROCHURE	FAMILY/FRIEND	COURT SYSTEM
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WHICH DAYS/TIMES ARE YOU AVAILABLE TO VOLUNTEER? (Circle days and specify hours.)

S	M	T	W	TH	F	S	MORNING_	AFTERNOON_	EVENING
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WOULD YOU BE WILLING TO MAKE A TIME COMMITMENT OF THREE HOURS PER WEEK, AND ONE YEAR OF SERVICE? _____ YES _____ NO If not, please explain. _____

REFERENCES (NOT A FAMILY MEMBER)

NAME	PHONE #	ADDRESS
NAME	PHONE #	ADDRESS

Why would you like to volunteer at Stamford Hospital?

PATIENT AND HOSPITAL CONFIDENTIALITY: In performing volunteer services throughout the hospital you may see or hear information regarding patients, be it diagnosis, financial or that an individual you know or a well-known personality is a patient in the Hospital. In performing your duties you may also learn information concerning the services performed by the Hospital for its patients. Divulging confidential information is cause for dismissal and is punishable by law..

Your signature indicates your acknowledgement and understanding of Patient and Hospital Confidentiality.

Volunteer Signature _____ **Date** _____

My signature below indicates that I understand and agree with all of the following statements:

- Nothing contained in this volunteer application shall be deemed to create an employment contract between Stamford Hospital and myself for either employment or for the providing of any benefit. The granting of an interview shall likewise not create such a contract.
- No promises regarding my volunteering or inducements to volunteer have been made or offered to me and I understand and agree that no such promises are binding upon Stamford Hospital unless made in writing and signed by the chief executive officer of Stamford Hospital.
- If I am selected as a volunteer, I understand and agree that I have the right to terminate the volunteer relationship at any time and for any reason and the Stamford Hospital have a similar right.
- After receiving a conditional offer to participate in a volunteer program, I may be asked to submit to a physical examination that includes a drug test. Any offer to participate in a volunteer program is contingent upon my satisfactory completion of the physical examination, satisfactory references verification, and receipt of a negative drug test result. Such drug test shall be conducted in conformity with the Connecticut drug testing statute (Conn. Gen. Stat. 31-51t to 51aa).
- I hereby give Stamford Hospital to which I am applying for a volunteer position, and their agents, permission to undertake verification of the information I have provided, to investigate me regarding any criminal records and to investigate my previous employment, educational background and references, and I release them from any liability and responsibility from doing so. Pursuant to section 31-128f of the Connecticut General Statutes, I also hereby release all parties supplying references and other personally identifiable information from any liability or damage whatsoever arising there from.
- My volunteer application is not complete until I have read and signed the Background Verification Disclosure sheet provided to me.
- The information supplied by me on this volunteer application is true and complete to the best of my knowledge. I understand that the discovery of any misrepresentation or omission of facts in the volunteer application may result in revoking my volunteer status.

Volunteer Applicant Signature

Date

ADDENDUM TO VOLUNTEER APPLICATION

Have you ever been convicted of a crime? (A conviction will not necessarily be a bar to a volunteer position.)

Yes _____ No _____

If you answer "yes," please describe the nature of the offense, the date of the convictions and the nature of any rehabilitation.

Note:

You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-760 or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-760 or 54-142a are records related to (a) determinations of "delinquency" or that, as a child, you were a member of a family with service needs, (b) a ruling you are a "youthful offender", (c) a criminal charge that has been dismissed or nulled; (d) a finding you are not guilty for a criminal charge, or (e) a conviction for which you have received an "absolute pardon". Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-760 or 54-142a shall be deemed to never have been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Volunteer Applicant Signature

Date

STAMFORD HEALTH SYSTEM
STAMFORD, CT

**NOTICE TO APPLICANT BEING CONSIDERED FOR A VOLUNTEER
POSITION**

BACKGROUND VERIFICATION DISCLOSURE

I understand that Stamford Hospital will use the services of a consumer-reporting agency as part of the procedure for processing my application for a volunteer position. I also understand if my application for a volunteer position is granted, Stamford Hospital may obtain further information through subsequent investigations by a consumer-reporting agency so as to update, renew or extend my volunteer position.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven years, regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, and liens, as well as any information about my criminal conviction background consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied a volunteer position based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify Stamford Hospital within five business days of my receipt of the report. If I notify Stamford Hospital within five business days of the receipt of the report that I am challenging information in the report, Stamford Hospital will not make a final decision on my volunteer status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Stamford Hospital to procure a report on my background as stated above from a consumer-reporting agency.

Volunteer Signature

Date: