



Silverton Hospital Volunteer Program

Dear Volunteer:

Welcome to Silverton Hospital Volunteer Program. Volunteerism is an important asset to Silverton Hospital. You are joining a group of dedicated community members who foster a sense of pride and commitment to the program.

There are a number of ways volunteers support Silverton Hospital and our affiliated clinics and programs. Programs include Clerical Support, CareVan Transportation, Foot Clinic, Jr. Volunteers, Chaplains, in-house Auxiliary projects and much more. This past year, 25,000 volunteer hours were generously given to support the mission of Silverton Hospital.

Attached are forms to be completed in order to begin the volunteer process.

- Please fill out the forms and return them to Volunteer Services.
- Once all application information is received, reviewed and approved, we will meet to match your skills and interests with opportunities available. Our goal is to place volunteers in a timely manner.
- Once placed, appointments are made for a TB test and video viewing of the patient privacy and confidentiality (HIPAA) tape.
- Prior to your first day, you will receive an orientation, handbook, nametag and tour of the facility.

Please call 873-1789 or 873-1786 with questions or concerns. We look forward to working with you. Your help and support is vital to our programs. Thank you for considering sharing your time and talents at Silverton Hospital.

Respectfully,

Judy Schmidt
Director of Volunteer Services
Silverton Hospital
jschmidt@silvhosp.org
503.873.1789



Junior Volunteer Application

The Junior Volunteer program at Silverton Hospital is for students 14 - 18 years of age who are interested in serving their community while learning about health care careers. Juniors must be punctual, courteous, dependable, and caring individuals.

Name _____

Address _____

Age _____ Birthdate _____

Home Phone # _____ Parent's Work # _____

School _____ GPA _____

Activities _____

Please obtain written references from 3 adults who know you well. Reference sheets provided.

	Name	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

BACKGROUND CHECK

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I authorize Silverton Hospital's Volunteer Program to complete a background check and make any necessary and appropriate investigations to verify the information herein.

Applicant's Signature _____ Date _____

As parent or guardian, I give permission for _____ to participate in volunteer activities at Silverton Hospital. I understand that mandatory immunizations and tests are required by volunteers and will be given free of charge.

Guardian signature _____ Date _____

Silverton Hospital

Non-Employee Confidentiality and Nondisclosure Statement

Name: _____
(Last, First, MI - Please Print)

I understand that in the course of performing services on behalf of Silverton Hospital, I will have access to information not generally available or known to the public. I agree that such information is confidential information that belongs to Silverton Hospital. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I agree that information developed by me, alone or with others, may also be considered confidential information belonging to Silverton Hospital.

I will hold confidential information in strict confidence and will not disclose or use it except (1) as authorized by Silverton Hospital; (2) as permitted under written Agreement between Silverton Hospital and my employer or myself; (3) consistent with the scope of services I perform on behalf of Silverton Hospital and with applicable Silverton Hospital policies and practices; and (3) solely for the benefit of Silverton Hospital, its patients, members and other customers.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while contracting with Silverton Hospital, or my right to use information which is or becomes generally known to the public through no fault of my own.

I will not access Confidential Information for which I have no legitimate need to know.

I understand my responsibility to become familiar with and abide by applicable Silverton Hospital policies and protocols regarding the confidentiality and security of confidential information.

I understand that Silverton Hospital electronic communication technologies are intended for benefit of Silverton Hospital. Internet usage is monitored and audited on a regular basis by Silverton Hospital management. Silverton Hospital management also reserves the right to monitor e-mail and telephone usage.

I understand that if I breach the terms of this confidentiality and nondisclosure statement or applicable Silverton Hospital confidentiality, privacy and/or security policies, Silverton Hospital may terminate my association with Silverton Hospital, including any written Agreements with Silverton Hospital. Further, Silverton Hospital will be entitled to all remedies it may have under written Agreement or at law, as well as to seek and obtain injunctive and other equitable relief.

Signature

Company or Affiliation

Date