

BACKGROUND INFORMATION AND REFERENCES

Have you ever been convicted of a crime? (Conviction of a crime is not necessarily grounds for disqualification; however, giving false or incomplete information is sufficient cause to disqualify a person from volunteer service.) Circle one: Yes No

If yes, please explain: _____

Have you ever been a Phoebe employee or volunteer, or have you applied for either? Circle one: Yes No

If yes, please describe your experience: _____

PERSONAL REFERENCES: DO NOT use relatives as references. One work-related reference is preferred.
Please note that complete reference information is REQUIRED to process application.

(1) Name _____ Relationship _____

Mailing Address _____

City Zip Code

E-mail Address _____

(2) Name _____ Relationship _____

Mailing Address _____

City Zip Code

E-mail Address: _____

The information provided in this application is true and complete in all respects. I understand that if this application is false in any way, I will be dismissed without notice regardless of when the false information is discovered.

As a VOLUNTEER, I would...

- o agree to attend the volunteer orientation and train until I am competent to perform the required duties;
- o agree to comply with all the rules and regulations of the hospital and the Volunteer Department;
- o understand that I may be dismissed from my duties for willful wrong doing or negligence and/or performing duties outside of my service description;
- o agree to call my assigned area or volunteer office as soon as possible when I have scheduling changes;
- o understand that PPHS is not obligated to utilize my services as a volunteer, nor am I obligated to accept the volunteer assignment offered.

CONFIDENTIALITY: All medical, financial, and personal information pertaining to patients of the hospital is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore volunteers may look at, use, or disclose patient information ONLY as it relates to the performance of their duties and in compliance with the hospital's HIPAA Privacy Policy. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and PPHS.

Signature

_____/_____/_____
Date

RETURN THIS APPLICATION TO ONE OF THESE CAMPUSES

<u>ALBANY – PPMH and HOSPICE</u>	<u>SUMTER</u>	<u>WORTH</u>
Phoebe Putney Memorial Hospital Attn: Judy Himes, Volunteer Services PO Box 3770 Albany, GA 31706-3770 FAX TO: 229-312-4311 E-MAIL TO: jmhimes@ppmh.org	Phoebe Sumter Medical Center Attn: Human Resources 126 Hwy. 280 West Americus, GA 31719 FAX TO: 229-931-1347	Phoebe Worth Medical Center Attn: Dorothy Layfield, RHIT, CCS/HIM Manager PO Box 545 Sylvester, GA 31791 FAX TO: 229-776-2147