

Thank you for your interest in the Volunteer Services program at Knapp Medical Center. Attached you will find an application that will assist us in making the best use of your talents. Requirements for volunteers are few, but they focus on sharing and concern for others. You will find our Hospital a fascinating place where volunteers are regarded as an important part of the health care team. Once Application is turned in, a background check will be done which normally takes 3 – 4 days, once that is done, we will call you to set up a time for orientation.

Knapp Medical Center is a non-profit, private health care center located on 19-1/2 acres in southeast Weslaco. The 227-bed full service hospital has a 16-bed Intensive Care unit, 19-bed Emergency Room, and a 180-member Medical Staff representing the major medical specialties.

Volunteers serve in over 20+ different hospital departments ranging from patient care areas to office work. Every effort is made to match the volunteer's talents and interests with an available volunteer position. The most visible volunteer placements are at the Information Desks and Gift Shop. Although many volunteers join our service with the desire for patient interaction, positions are not limited to these assignments. Many positions exist that require little or no contact with patients.

Depending upon the assignment, typical duties might include: greeting visitors, delivering flowers and mail to patients, transporting patients in wheelchairs, visiting with patients, stocking supplies, answering phones, copying, filing, feeding babies or escorting visitors throughout the hospital. Uniforms will be provided FREE for Permanent and Winter Texans, but students will be required to purchase **polo shirts at the Volunteer Office for (\$20)**. An orientation class must be attended by all volunteers---these will be scheduled as needed. We usually schedule bi-weekly orientations depending upon the applications. At that time, Hospital philosophy and policy will be discussed, and a tour will be given. The orientation is designed to comply with Federal and State regulations and helps the volunteer feel comfortable with what is expected of them.

Our 2-1/2 hour Orientation will consist of hospital information, safety and health information, then we will process your badge, TB Test (Skin Test), hospital tour, and get your uniform. Once the process is done, we will find a specific department and can start volunteering approximately 4 - 5 hours, once a week, sometimes more. ******* For College Students, we do require a minimum of 75 hours.**

Emelda Ambriz

Manager of Volunteer Services & KMC Auxiliary Volunteers Gift Shop



Application for Volunteer Service

Name: _____
(Last) (First)

Mailing Address: _____

(City) (Zip)

Phone: _____ Cell Phone: _____

Birthdate: _____ Email Address: _____
(Month) (Day) (Year)

Name of Employer: _____

Work Experience: _____

Department to Volunteer: _____

Student – Acceptance Requirement of **75 Hours**

Name of School: _____

Name of Course/Program Applying: _____

Total Number of Hours for Course/Program: _____

Activity Level:

- Very Active (capable of walking distances and pushing wheelchairs)
- Moderately Active (some walking)
- Limited Activity (requires mostly sitting)

Other: _____

Notify In An Emergency:

Name: _____ Phone: _____

Relationship: _____

Volunteer Experience: _____

I Would Like To Volunteer: _____

How Did You Hear About Our Volunteer Program? _____

List Special Interests, Hobbies, Skills: _____

**Please List Two References (Not Related To You)
We May Contact If Necessary:**

Name **Phone Number**

Name **Phone Number**

Have you ever been convicted of or pled guilty or nolo contendere to, or had deferred adjudication for a felony or other crime? (Answering **Yes**, will not necessarily disqualify you to volunteer) Yes No

If yes, describe in full, including dates and locations.

Conviction will not necessarily bar volunteer service _____

I hereby certify that the information I supplied in this application is true, complete and correct to the best of my knowledge and I understand that any information I withheld or falsely provided in connection with the foregoing application shall be cause of rejection of this application or termination of volunteer status. I hereby authorize Knapp Medical Center, without liability, to contact references I have given and authorize said reference to make full response to any inquiries by Knapp Medical Center in connection with this application for volunteer service. Once I have completed orientation, and before I am assigned to Volunteer, I understand that Knapp Medical Center will complete a criminal background check on me.

Volunteer Signature

Date

The Department of Volunteer Services is responsible for providing competent volunteers to fulfill the needs and requirements of Knapp Medical Center. Revised 2/18



Consent to Obtain Consumer Reports for Employment Purposes

In connection with, and for the duration of, my employment (including contract for services) with you, I understand that you may obtain consumer reports for employment purposes that relate to my credit, criminal, driving, employment or education history. This information will, in whole or in part, be obtained from Insight Investigations, Inc. ("Insight") PO Box 891571, Temecula, CA 92589 (800) 615-8111. These reports may include information as to my general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences.

I authorize, without reservation, any party, institution, or agency contacted by Insight or this employer to furnish the above mentioned information:

_____/_____/_____-_____-_____
Full Applicant Name (Typed/Printed) **Date of Birth** **Social Security Number**

Alias/Previous Name(s) **Email Address:** _____

Current Address **City & State** **Zip Code**

Driver's License # **State** **Phone / Cell Number** _____

Volunteer Services

Position Applied for

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy directly from Insight. California applicants may receive a copy from either the prospective employer or Insight.

Do not contact Current Employer

Notice to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from Insight, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which Insight has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Insight during normal business hours. You may also obtain a copy of this file upon submitting proper identification. Upon making a request you may receive a copy of your report via mail

Under Section 1786.1(a)(2)(B)(vi) of the California Civil Code, you are notified that Insight privacy practices can be found at

<http://www.insightscreening.com/privacy.htm>

Under Section 1785.20.5 of the California Civil Code and Section 1024.5 of the California Labor Code, you are notified that a credit report may be ordered if you are applying for a position involving access to confidential or proprietary information.

Notice to NEW YORK Applicants

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Applicant Signature: _____ **Date:** _____