

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 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 your application is turned in, a background check will be performed, which normally takes 3 – 4 days. Once that is done, we will contact 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 223-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 more than 30 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, feeding patients, visiting with patients, stocking supplies, answering phones, copying, filing, feeding babies or escorting visitors throughout the hospital.

Uniforms will be provided for permanent residents and Winter Texans, but students will be required to purchase **smocks, vests or 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.

Following orientation, you will complete the process of obtaining an identification badge, receive a TB Test (Skin Test), be taken on a guided hospital tour, and get your uniform. Then you will be interviewed so we can find a specific department for your talents and commit to working approximately 4 - 5 hours, once a week, sometimes more. **We do require a minimum of 75 hours for all college students.**

Imelda Ambriz
Volunteer Services Manager
(956) 973-5144
iambriz@primehealthcare.com
www.knappmed.org

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



**KNAPP MEDICAL CENTER – VOLUNTEER # 1558
VOLUNTEER DISCLOSURE & RELEASE**

800.999.9861
713.861.5959
info@precheck.com
www.precheck.com

FULL NAME _____

Any Other Names Used _____

Social Security No. ____/____/____ Date of Birth¹ _____

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ No. _____

Address: _____

Have you ever been convicted of a crime? Yes No

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

	City	State	Dates	From:	To:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report² and/or investigative consumer report³ may be made in connection with my application to volunteer with prospective organization. I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that a prospective organization and PreCheck, Inc. may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my educational/school records, driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the information mentioned above. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for volunteering for services or denial of volunteering.

The authorization granted herein shall be effective throughout the term of my volunteering.

I have read and understand the above information, and assert that all information provided by me is true and accurate.

Signature _____ Date _____

Upon your written request within a reasonable period of time, the investigative agency compiling a report will make a complete and accurate disclosure of the nature and scope of the investigation. In addition, if you are denied volunteering, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such a report.

¹ The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

² A "Consumer Report" may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

³ An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.