

Thank you for your interest in volunteering at USA Health University Hospital. Our volunteers provide a valuable service to the patients, visitors, and staff while enjoying a unique opportunity for personal growth and satisfaction. Volunteers serve throughout the hospital in patient and non-patient care areas, seven days a week. We enthusiastically welcome individuals of all backgrounds and abilities.

At University Hospital, we are entrusted with safe guarding our patients' health and well-being, therefore, the process of becoming a volunteer is very thorough and may take several weeks to complete.

### **Steps to becoming a volunteer:**

1. Complete and sign the application.
2. Provide documentation of:
  - Immunizations: include a copy of immunization card showing shots for **measles, mumps, rubella (MMR)** and **chicken pox**.
  - A negative **tuberculosis skin test** done within the past year (positive TB skin tests require documentation of a normal chest x-ray). The hospital will provide the required 2<sup>nd</sup> TB skin test free of charge, once you have been accepted into the program.
  - A **flu shot**- if you volunteer between September and April, you must obtain a flu shot. The hospital offers free flu shots or you may receive a flu shot through your healthcare provider.
3. Return application to:  
**USA Health University Hospital**  
**ATTN: Volunteer Services**  
**2451 USA Medical Center Drive**  
**Mobile, AL 36617**

or scan and email application to: [Volunteer-mc@health.southalabama.edu](mailto:Volunteer-mc@health.southalabama.edu)

Submitting an application does not guarantee placement. Applicants will be contacted for an interview to discuss volunteer opportunities and the orientation process. All volunteer assignments have a minimum commitment of six consecutive months. **Volunteers serve at least one 4-hour shift a week on the same day each week (the only exception to this service commitment is for the summer volunteer session)**. Of course, we hope that you will enjoy this experience so much that you continue to volunteer beyond your initial commitment! If you have questions, please call our office at (251) 471-7265. We look forward to hearing from you soon.

Sincerely,

*Volunteer Services Team*

**(251) 471-7265 or (251) 415-1125**

# Prospective Volunteer Application

Please mark the appropriate type of volunteer: \_\_\_\_\_ Adult \_\_\_\_\_ College

Name:	DOB:	Cell Phone:	Home Phone:
Address:	City:	State:	Zip:

Email: \_\_\_\_\_

Emergency Contact:	Relation:	Home/Cell Phone:
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Are you a student? Yes      No	Where?	Major:	Highest Level of Education Completed:
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Employer:	Occupation:	Business Phone:
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List and describe any previous volunteer experience: \_\_\_\_\_

Do you have family members employed at USA?      Yes      No  
If yes, relative's name/department: \_\_\_\_\_

Why do you want to volunteer at University Hospital and what do you hope to gain? \_\_\_\_\_

References (Someone from the community or work; **not a relative**)

Name:	Relation:	Phone:
Name:	Relation:	Phone:

Have you ever been convicted of a misdemeanor or felony other than a traffic violation?      Yes      No

If you answered yes, please explain: \_\_\_\_\_

**To the best of my knowledge, this information is correct. I understand falsification of this information is grounds for dismissal.**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Availability (circle days/times you are available)**

Morning:	M	T	W	TH	F	SA	SU
Afternoon:	M	T	W	TH	F	SA	SU
Evening:	M	T	W	TH	F	SA	SU

**Circle area(s) you are most interested in serving**

- Lobby Greeter      Patient Access Greeter and Escort (admitting)      Patient Transport      Office Assistant
- Nurses' Station on a Patient Floor      Lab Runner      Holiday Decorating      Gift Shop      Mail Room

**Other area of interest?** \_\_\_\_\_

**ACKNOWLEDGEMENTS & CONFIDENTIALITY PLEDGE**

The information I provided for this application is accurate and correct to the best of my knowledge. I approve University Hospital to check references. The hospital is not obligated to provide a volunteer placement, nor am I obligated to accept the placement offered. Opportunities for volunteering are provided without regard to religion, creed, race, national origin, age or gender.

I recognize the necessity of maintaining the confidentiality of all data and documents collected and processed by University Hospital. Confidential information is defined as proprietary business data or information which contains identifying information which can be linked to a specific individual or patient. I also recognize the importance of my part in assuring the right to privacy of persons and institutions cooperating with this facility. I further understand that this facility has both ethical and legal responsibilities to safeguard confidential information. Therefore, I will not divulge any confidential information I may encounter while volunteering at University Hospital. Further, I will not make any copies of or transport off the premises any confidential information. I am aware, that in some instances, civil and criminal penalties are possible if unauthorized disclosure of confidential research records and data occurs. I agree to accept any liability which may accrue to this facility for any breaches of confidentiality which occur through my direct action.

I HEREBY AGREE THAT I WILL ABIDE BY THE POLICIES OF UNIVERSITY HOSPITAL. I UNDERSTAND THAT IF I VIOLATE ANY OF THESE POLICIES, I MAY BE DISMISSED FROM THE VOLUNTEER PROGRAM. I HAVE CONSIDERED THE SERIOUSNESS OF THE COMMITMENT I AM MAKING AS A VOLUNTEER.

Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(If applicant is under 19 years of age, parent/legal guardian must sign also).

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE FROM LIABILITY**

**TO THE UNIVERSITY OF SOUTH ALABAMA:** I, \_\_\_\_\_

understand that I will be voluntarily participating in the Volunteer Program at University Hospital. In consideration of the University of South Alabama permitting me to participate in this activity, I, in full recognition and appreciation of any and all risks, hazards, or dangers, if any, inherent in this activity, to which I may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such activity.

I do for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my participation in this activity and/or which may result from causes beyond the control of, and without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employees, during the period of participation as aforesaid.

I fully understand the risks involved in this activity and agree to assume those risks. I understand that the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for wages of any kind, personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this release to be signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
PRINTED NAME OF VOLUNTEER

\_\_\_\_\_  
PRINTED NAME OF WITNESS

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER

\_\_\_\_\_  
SIGNATURE OF WITNESS

**(If applicant is under 19 years of age, parent/legal guardian must sign also)**

\_\_\_\_\_  
PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
PRINTED NAME OF WITNESS

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF WITNESS

**Health Information**

Name: (First, MI, Last) \_\_\_\_\_

Address: \_\_\_\_\_

Are you currently under a doctor's care for any medical condition?                      Yes      No              If yes, explain:

Are you currently on any prescription medications:                      Yes      No                      If yes, please list:

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Attach documentation of the following:**

**MMR (Measles/Mumps/Rubella) shots:** TWO doses are required and must be at least 28 days apart (If born before 1957 no documentation of MMR is required. If born after 1957, a self-reported 1st MMR is acceptable with a documented 2nd MMR booster).

**Varicella (Chicken Pox Vaccine) shots:** TWO doses are required or **declaration of history of chicken pox.**

**Tuberculosis skin test:** The hospital requires a 2-step TB skin test. Please provide **proof of a negative TB skin test within the last 12 months.** Once you are accepted in the volunteer program, a 2<sup>nd</sup> TB test will be given, free of charge. (History of a positive screening requires current documentation of a normal chest x-ray.)

**Flu Shot:** Flu shots are **MANDATORY** if you volunteer between September - April. The hospital offers **free** flu shots or you may obtain a flu shot through your health care provider (please attach proof).