

Volunteer: _____

Hilo Medical Center Foundation

Volunteer Application

Age Requirement: 16 years old, minimum

Time Requirement: Commit to minimum of 30 hours of service. *Inability to comply with minimum requirements without prior arrangements will automatically result in termination.*

Health Requirements: Health & Immunization form will be issued upon placement. *Students and non-regular volunteers are required to meet health requirements obtained at their own expense.*

Processing Fee: \$45. *Processing fee includes State and Federal criminal background checks and a picture identification badge. (Applicants with a conviction within the past 10 years that bears a rational relationship to the applied position may be denied the opportunity to volunteer.)*

Please fill out the following information as clearly as possible and return it to HMC Foundation.

General Information

First Name:		Last Name:	
Birth Date:		Phone #:	
Email:			
Mailing Address:			
City:		Zip Code:	

I identify as: Male He/Him/His Female She/Her/Hers Non-Binary They/Them/Theirs

I am a student under 18 years

School:		Phone #:	
Location:		Zip Code:	

This student has permission to volunteer at HMC Foundation.

School Official		Signature	
Parent/Guardian		Signature	

Emergency Contact Information

First Name:		Last Name:	
Phone #:		Relationship:	

Hilo Medical Center Foundation

Located at 140 Rainbow Drive in Hilo | 808-932-3636 | HMCFoundation@hsc.org

Volunteer: _____

Why do you want to volunteer at Hilo Medical Center?

Do you have any activity restrictions? No Yes (Please explain): _____

I am interested in:

- AHEC Scholars Aloha Cart Wine & Cheese Be a Lifesaver
 Pre-Health Career Corps Project Echo Ke Aloha Kaiāulu Job Shadowing

Availability:

Sunday Time Available: _____ : _____ AM/PM to _____ : _____ AM/PM

Monday Time Available: _____ : _____ AM/PM to _____ : _____ AM/PM

Tuesday Time Available: _____ : _____ AM/PM to _____ : _____ AM/PM

Wednesday Time Available: _____ : _____ AM/PM to _____ : _____ AM/PM

Thursday Time Available: _____ : _____ AM/PM to _____ : _____ AM/PM

Friday Time Available: _____ : _____ AM/PM to _____ : _____ AM/PM

Saturday Time Available: _____ : _____ AM/PM to _____ : _____ AM/PM

References:

Reference:		Phone #:	
Email:		Relationship:	
Reference:		Phone #:	
Email:		Relationship:	
Reference:		Phone #:	
Email:		Relationship:	



Volunteer: _____

Experience:

Company:		Date Employed:	
Location:			
Phone #		Your Title:	
Company:		Date Employed:	
Location:			
Phone #		Your Title:	
Company:		Date Employed:	
Location:			
Phone #		Your Title:	
Company:		Date Employed:	
Location:			
Phone #		Your Title:	

Previous Volunteer Experience? No Yes (Please explain): _____

Hobbies/Skills/Special Interests: _____

List specific department and/or duties preferred: _____

Volunteer: _____

Volunteer Service Agreement

If accepted as a volunteer for Hilo Medical Center and/or HMC Foundation, I agree that:

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or employees, and will not seek to obtain confidential information from a patient.
2. My services are donated to Hilo Medical Center/HMC Foundation without contemplation of compensation or future employment.
3. I shall attempt to resolve any problems related to my volunteer activities and if unsuccessful, I will notify the coordinator of Volunteer Services.
4. I shall be punctual and conscientious, be courteous and considerate, and conduct myself with dignity.
5. I shall submit to examinations, which may include chest x-rays, TB skin test, and/or immunizations that may be required/recommended as part of my volunteer service. I authorize related reports to be shared with Hilo Medical Center/HMC Foundation.
6. I understand State and Federal criminal history record checks may be conducted. Applicants with a conviction may be denied acceptance to the volunteer program.
7. I understand that in case of accident or injury while performing services, the volunteer shall be entitled to all rights and remedies allowed under the Hawaii Revised Statutes and other regulatory agencies.
8. I shall fulfill my commitment to Hilo Medical Center/HMC Foundation by completing all assignments that I accept to the best of my ability. I shall understand my role and limits. I will not perform direct patient care unless authorized.
9. I shall be held responsible to complete the monthly volunteer timesheet accurately.
10. I understand that the coordinator of Volunteer Services reserves the right to terminate me as a result of any of the following:
 - a. Use of drugs or alcohol prior to or while reporting for duty.
 - b. Unsatisfactory attitude, work or appearance.
 - c. Breaking the confidentiality policy.
 - d. Excessive tardiness or absenteeism.
 - e. Failure to complete mandatory annual tuberculin skin test.
 - f. Failure to comply with hospital policies and procedures.
 - g. Any other circumstances which, in the judgement of the hospital CEO, would make continued service as a volunteer, contrary to the best interest of Hilo Medical Center.
11. I shall, at all times, uphold the mission and vision of the Hilo Medical Center.

I have read and understand this Volunteer Service Agreement.

Signature

Date