

ADULT VOLUNTEER APPLICATION

It is the policy of Mercy Iowa City to conduct a Criminal History, Dependent Adult Abuse and Child Abuse check on all Mercy volunteers with the exception of youth volunteers. If the results of these checks follow our Volunteer Policy then Mercy can proceed with the onboarding process.

DATE _____

Personal Information

Please list all the names you have used - maiden name, pre-adoptive name or any alias:

Current Name (First, Middle, Last) _____

Maiden Name (First, Middle, Last) _____

Other Name (First, Middle, Last) _____

Other Name (First, Middle, Last) _____

Please list any additional addresses where you have lived, worked or attended schools in the past 7 years.

Current Address _____

Street City, State Zip County

Previous Address _____

Street City, State Zip County

Previous Address _____

Street City, State Zip County

Date of Birth (month/date/year) ___/___/___ Social Security Number ___/___/___ Sex M /F

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact

Name _____ Address: _____

Relationship _____ Phone: _____

Have you ever committed or been convicted of a criminal offense, including misdemeanors other than a minor traffic violation or are there any criminal charges now pending against you other than a minor traffic violation?

Yes _____ No _____ If yes, please explain: _____

Do you have a record of founded child or dependent adult abuse?

Yes _____ No _____ If yes, please explain: _____

Have you ever been terminated from a volunteer position?

Yes _____ No _____ If yes, please explain: _____

For Potential Lifeline Installers Only:

Drivers License Number _____

State Issued _____ Expiration Date _____

Your Work Status: _____ Employed _____ Retired _____ Unemployed

Interests, specials skills, or hobbies:

How did you hear about the Mercy Hospital Volunteer Program?

Word of mouth ___ Newspaper ___ Brochure ___ School ___ Other: _____

If you will require any reasonable accommodations in order to safely complete your assigned volunteer tasks or meet volunteer requirements please inform the Volunteer Services Manager during your interview process.

The Volunteer Services Manager will contact you as soon as reasonably possible in regards to volunteer onboarding next steps after this application has been submitted to the Volunteer Services Office.

Circle times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am-8am	7am-8am	7am-8am	7am-8am	7am-8am	7am-8am	7am-8am
8am-10am	8am-10am	8am-10am	8am-10am	8am-10am	8am-10am	8am-10am
10am-12	10am-12	10am-12	10am-12	10am-12	10am-12	10am-12
12-2pm	12-2pm	12-2pm	12-2pm	12-2pm	12-2pm	12-2pm
2-4pm	2-4pm	2-4pm	2-4pm	2-4pm	2-4pm	2-4pm
4-5pm	4-5pm	4-5pm	4-5pm	4-5pm	4-5pm	4-5pm
After 5pm	After 5pm	After 5pm	After 5pm	After 5pm	After 5pm	After 5pm

Check areas of interest for volunteering:

- | | | |
|---|---|---|
| <input type="checkbox"/> Patient Areas | <input type="checkbox"/> Mail Delivery | <input type="checkbox"/> Emerson Point |
| <input type="checkbox"/> Bridge | <input type="checkbox"/> Baby Caps | <input type="checkbox"/> Fall Risk Kits |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Angels of Mercy | <input type="checkbox"/> Eucharistic Minister |
| <input type="checkbox"/> Guest Lodging | <input type="checkbox"/> Pet Therapy | |
| <input type="checkbox"/> SHIIP | <input type="checkbox"/> Lifeline Installer | |
| <input type="checkbox"/> Professional Liaison | | |

Patient Areas:

Includes 3 West Medical, 4 Center Orthopedics, Emergency Care Unit, Endoscopy, Medical Oncology, Maternal Child, Surgery Care Unit, Telemetry. Assist medical staff as assigned and provide overall comfort for patients.

Clerical and Customer Service:

Includes Community Relations, Surgery Waiting Desk, Information Desk, Gift Shop, Guest Lodging and more. Assist with clerical tasks as assigned and provide quality customer service.

SHIIP Counselors:

After training by the Senior Health Insurance Information Program, help seniors with their Medicare bills and insurance payment problems.

Seasonal, Scheduled as Needed, or on Your Own Schedule:

Baby caps and booties (knit or crochet), Angels of Mercy Craft Group (July to October), Pet Therapy (registered therapy animal), Lifeline Installers (install units in subscribers' homes and teach new subscribers how to use them), Bridge Marathon, Fall Risk Kits (assemble Fall Risk Kits for patients)

Eucharistic Minister: Volunteers approved through Pastoral Care deliver communion and spiritual support to patients. Our Eucharistic Ministers report to Pastoral Care.

Emerson Point: Located at 1355 Shannon Dr, Iowa City, IA 52246. Assist with fun activities for Emerson Point residents such as BINGO.

Mercy Iowa City Volunteer Consent for Background Checks

Mercy Iowa City will conduct a criminal history, dependent abuse record, and national ID check prior to allowing you to volunteer

An investigative consumer report will be conducted to obtain and verify information relating to your past activities and background information and may include but is not limited to employment history, education, criminal records motor vehicle records, personal references and any data provided on the application during the interview process.

I authorize the appropriate individuals, companies, institutions or agencies to release information and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Mercy Iowa City and its agents Accurate Background Check, SING, and the Department of Criminal Investigations (DCI) from any liability.

I hereby certify that all the statements and answers set forth on this application form and my volunteer application are true and complete to the best of my knowledge, and I understand that if any statements or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my application.

I give permission for Mercy Iowa City to conduct a Criminal History, Dependent Adult Abuse and ID Search. Any information maintained by one of the above agents may be released as allowed by law.

Signature

Date

RESPONSIBILITY OF VOLUNTEER TO REPORT OWN CRIMINAL CONVICTION OR ABUSE

If a volunteer is convicted of a crime or has a record of founded child or dependent adult abuse entered in the centralized child abuse or dependent adult abuse registry after the person's initial volunteer background check, the person shall inform Mercy Human Resources, or the Volunteer Services Manager of such information within forty-eight hours of the criminal conviction or entry of the record of founded child or dependent adult abuse.

Once the information is verified by Mercy Human Resources or the Volunteer Services Manager, the situation will be reviewed to determine whether or not the person's volunteer status is continued.

I understand the above statement, and will report any convicted crimes, and/or founded child or dependent adult abuse after my initial volunteer background check to Mercy Human Resources or the Volunteer Services Manager.

Signature

Date