

ADULT VOLUNTEER APPLICATION

18 years of age or older

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 approved per Mercy Iowa City Volunteer Policy then Volunteer Services will proceed with next steps to 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
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Previous Address _____

Street	City, State	Zip	County
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Previous Address _____

Street	City, State	Zip	County
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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: _____

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 prior to your first scheduled training day.

The Volunteer Services Manager will contact you as soon as reasonably possible after this application has been submitted. Please submit via mail: Attention Volunteer Services Mercy Hospital 500 East Market St. Iowa City IA 52245 or email jenna.maxson@mercyic.org

To keep our volunteers safe in a Covid 19 world, as of June 2020 all volunteers are required to wear a mask while volunteering. If you do not have, Mercy will provide one for you.

Volunteer Schedule Availability:

Volunteers are asked to dedicate their time on a weekly basis but exceptions will be considered. Please explain desired hours of volunteer interest (days, times and length):

Check areas of interest for volunteering:

Gift Shop

Assist with overall sales. Run the Point of Sale system and credit card machine. Payments can be made for purchases by cash, credit card or employee deduct. Tag and check inventory. Arrange displays. Restock select items such as candy.

Clerical

Multiple departments available for clerical volunteer assistance. Task could include: Putting together fall risk kit packets, surgery folders, patient packets, labeling, bulk mailing, reception tasks and other.

SHIIP Senior Health Insurance Information Program

After training by the Senior Health Insurance Information Program in Des Moines, assist seniors with their Medicare bills and insurance questions. Assist with plan comparisons and enrollment in insurance plans.

Mercy Guild

\$10/year or \$100/lifetime membership. Our Mercy Guild focuses on supporting the hospital through raising funds. Ask the Volunteer Manager how you can assist in this regard.

Liaison

Provide directional guidance around the hospital and answer general hospital questions while assisting to ensure policies re: Covid 19 are enforced.

COVID Clinic Volunteers

Greeter: Greet patients as they enter the clinic

Liaison: Escort patients in wheelchairs and provide directional guidance

Data Entry: Enter electronic information

Observation: Observe and notify trained Mercy employees of any side effects prior vaccine administration

Education (RN required): Post vaccine administration provided scripted education

Administration (RN required): Administer COVID-19 vaccine

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 fortyeight 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