

BELIEVING THAT WEST VIRGINIA UNIVERSITY HOSPITALS HAS NEED OF MY SERVICES AS A VOLUNTEER, I AGREE TO:

Hold as absolutely confidential all information, which I may obtain directly or indirectly concerning patients, doctors or personnel and I will not seek confidential information in regard to a patient.

My services are donated to West Virginia University Hospitals without contemplation of compensation or future employment and given with humanitarian or charitable reasons.

I grant permission for West Virginia University Hospitals Department of Volunteer Services to check the references I have provided.

If I am convicted of a crime other than a minor traffic violation after being hired as a volunteer, I will report this information in writing to Volunteer Services within 24 hours.

I hereby certify that my answers to the above questions are true, complete and correct.

Applicant's Signature

Date

Printed Name

If under 18 years of age, signature of parent or legal guardian is required.

Signature of parent/legal guardian

Date

Printed Name

Please note:

- * Filing an application does not assure placement since the number of applicants usually exceeds the number of available openings. The director of Volunteer Services will choose applicants based on personal traits, interview, and qualifications in keeping with the best interest of the hospital.
- ** All applications will be held for ninety days.
- *** Falsification of information on this application is grounds for dismissal from our program.
- **** Opportunities for Volunteers are provided without regard to Religion, Creed, Race, National Origin, Age, Sex or disability.

Revised 7/2007