

How long do you plan to volunteer? _____

What day and how often do you prefer to volunteer? _____

Comments: _____

EDUCATIONAL DATA

HIGH SCHOOL _____ Grade _____

NAME AND LOCATION OF COLLEGE OR UNIVERSITIES ATTENDED	FIELD OF STUDY OR AREA OF CONCENTRATION	TYPE OF DEGREE AND DATE OBTAINED

LICENSES AND CERTIFICATIONS

(Please attach a copy of your current medical license)

MEDICAL LICENSE/BOARD CERTIFICATION	SPECIALTY	NUMBER

PRIVILEGES AT OTHER FACILITIES

HOSPITAL/INSTITUTION	ADDRESS AND PHONE	CONTACT PERSON

Contract for Volunteer Service and Release of Liability

FOR GOOD AND VALUABLE CONSIDERATION, THE SUFFICIENCY AND RECEIPT OF WHICH I HEREBY ACKNOWLEDGE, I agree to the following.

- (1) To familiarize myself with the mission and vision of Saint Joseph's Mercy Care Services, Inc., ("SAINT JOSEPH'S MERCY CARE") and remain knowledgeable about the mission and vision during the time I work as a volunteer for SAINT JOSEPH'S MERCY CARE;
- (2) To contribute my time, interests and skills to work as a volunteer for SAINT JOSEPH'S MERCY CARE;
- (3) To respect the policies and the guidelines of SAINT JOSEPH'S MERCY CARE volunteer program; and
- (4) To assume responsibility for myself and my actions.

I further agree not to sue and waive any right to sue and agree to forever release and discharge Saint Joseph's Health System ("SJHS") and SAINT JOSEPH'S MERCY CARE and any other subsidiary corporations of SJHS or SAINT JOSEPH'S MERCY CARE from all liability for property damage, personal injury, and all claims arising out of or related to my volunteer services at SAINT JOSEPH'S MERCY CARE.

I hereby confirm, represent and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

Signature

Date

Parent/Guardian signature required, if less than 18 years of age.

T. B. (Tuberculosis Screening) Requirement

All volunteers must have a skin test for tuberculosis within the past year. This must have been interpreted by a health care professional. If the test is positive the volunteer must have a chest x-ray.

It is the new volunteer responsibility to get a TB test before starting with SJMCS.

**Thank you for choosing Saint Joseph's Mercy Care Services
for your volunteer commitment.**

CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my duties as staff/ volunteer of Mercy Care, I am required to have access to and I am involved in the processing of confidential patient care data. I understand that I must hold all medical information in confidence, both at work and off duty.

Further, I understand that intentional or involuntary violation of patient confidentiality may result in punitive action including termination of services.

Signature

Date

Please send to:

Nicole Smith

Volunteer Coordinator

Saint Joseph's Mercy Care Services

424 Decatur Street

Atlanta, GA 30312

678-843-8510

678-843-8501 (fax)

Nsmith2@sjha.org