



Volunteer Service Application

Thank you for your interest in the Silverton Hospital Volunteer Program. Please fill out the following application and return to:

Volunteer Services, 342 Fairview Street, Silverton, OR 97381 – Thank you.

Name _____ **Birthdate** _____

Mailing Address _____

City _____ **Zip Code** _____

Home Phone _____ **Work Phone** _____

Email _____

Site Silverton Hospital Wellspring Silverton Hospital Outreach Clinic

Areas of Interest _____

Work Experience _____

Volunteer and Community Service Experience _____

Vocational and Educational Background _____

Foreign Language(s) spoken (indicate fluency) _____

Special Interests, Skills or Hobbies _____

Name and address of person to notify in case of emergency _____

Volunteer service can be emotionally and physically demanding. Do you have any limitations or do you require any kind of assistance or adaptive aides to help you accomplish these tasks?

No _____ **Yes** _____ **If yes, please explain** _____

References – Persons other than family members who can comment about your abilities and character.			
Name	Relationship	Address	Phone

Please indicate the day and hours available to volunteer

Day _____ **Hours** _____

Background Check

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I authorize Silverton Hospital's Volunteer Program to complete a background check and make any necessary and appropriate investigations to verify the information herein.

Applicant's Signature _____ **Date** _____



Non-Employee Confidentiality and Nondisclosure Statement

Name _____
(Last, First, MI – please print)

I understand that in the course of performing services on behalf of Silverton Hospital, I will have access to information not generally available or known to the public. I agree that such information is confidential information that belongs to Silverton Hospital. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I agree that information developed by me, alone or with others, may also be considered confidential information belonging to Silverton Hospital.

I will hold confidential information in strict confidence and will not disclose or use it except (1) as authorized by Silverton Hospital; (2) as permitted under written Agreement between Silverton Hospital and my employer or myself; (3) consistent with the scope of services I perform on behalf of Silverton Hospital and with applicable Silverton Hospital policies and practices; and (3) solely for the benefit of Silverton Hospital, its patients, members and other customers.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while contracting with Silverton Hospital, or my right to use information which is or becomes generally known to the public through no fault of my own.

I will not access Confidential Information for which I have no legitimate need to know.

I understand my responsibility to become familiar with and abide by applicable Silverton Hospital policies and protocols regarding the confidentiality and security of confidential information.

I understand that Silverton Hospital electronic communication technologies are intended for benefit of Silverton Hospital. Internet usage is monitored and audited on a regular basis by Silverton Hospital management. Silverton Hospital management also reserves the right to monitor e-mail and telephone usage.

I understand that if I breach the terms of this confidentiality and nondisclosure statement or applicable Silverton Hospital confidentiality, privacy and/or security policies, Silverton Hospital may terminate my association with Silverton Hospital, including any written Agreements with Silverton Hospital. Further, Silverton Hospital will be entitled to all remedies it may have under written Agreement or at law, as well as to seek and obtain injunctive and other equitable relief.

Signature _____ **Date** _____

Company or Affiliation _____