WVU Medicine
BUTLER MEMORIAL HOSPITAL

Dear Friend of Butler Memorial Hospital,

We are so happy that you have shown an interest in becoming a Volunteer for the Butler Memorial Hospital Auxiliary. People give their time for many reasons. Whatever your reason may be, we have volunteer opportunities at Butler Memorial Hospital that will make a difference in your life. In turn, our volunteers make a vital difference in the lives of our staff and most importantly, our patients.

Please find attached a copy of our Adult Volunteer Application. Please share some information about yourself that would help us find a volunteer area especially suited for you.

Your completed application may be mailed to:

Volunteer Coordinator BMH
Auxiliary
One Hospital Way Butler,
PA 16001

It is a requirement of Butler Memorial Hospital that all persons interested in joining the Butler Memorial Hospital Auxiliary must have completed and passed a criminal check prior to acceptance. All volunteers are required to have TB Gold blood work. You will be provided a lab slip from Employee Health that you may take to any Independence Health System Lab. This test will be provided by the hospital at no charge to you. TB Gold blood work cannot be drawn on Fridays. Depending on the area you are interested in volunteering, there may be additional immunizations that are required and they will be provided to you at no charge.

It may take up to several weeks to process the application. Once this process is completed, we will contact you to let you know when you may start.

Again, thank you for considering Butler Memorial Hospital to share your time and talents. Sincerely,

*Maura West*

Maura West
President
Butler Memorial Hospital Auxiliary

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Date _____

Date Joined_____

# Adult Volunteer Application

Name _____

Address _____

City _____ State _____ Zip_____

Phone _____ Cell (optional) _____

Birth Date (month/day/year) _____

Email Address _____

Education ☐ High School ☐ College Post Graduate Degree _____

Occupation _____

Employed _____ ☐ Retired ☐ Unemployed

Last Place of Employment _____ Date: _____

Hobbies, Interests, Skills _____

Clubs and Organizations to which you belong _____

_____

Previous Volunteer Experience (Please list Place and Date) _____

_____

Criminal Record ☐ Yes ☐ No

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Days you are available for Volunteer Service (circle as many as you wish).

Days: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☑ Friday ☐ Saturday ☐ Sunday ☐

Time: AM or PM AM or PM AM or PM AM or PM AM or PM AM or PM AM or PM

References: Please give two names and addresses of references (not related to you). May we call these references? _____ Yes ____ No

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

**Emergency Contacts:** ***(Please list two names.)***

Name _____ Phone _____

Address _____

Relationship to you _____

Name _____ Phone _____

Address _____

Relationship to you _____

Please share what you hope to gain as a volunteer

_____

_____

_____

_____

_____

Opportunities for volunteers are provided without regard to race, sex, color religion, national origin, marital status, sexual preference/orientation, qualified disability or veteran status.

***Statement of Confidentiality***

***I pledge that I will not reveal any medical information or any personal information that I may learn in the course of my volunteer assignments at Butler Memorial Hospital. I understand that failure to comply will result in immediate dismissal from the program.***

_____ _____

**Applicant's Signature** **Date**

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# NOTIFICATION and AUTHORIZATION FORM for CONSUMER REPORT

It is the requirement of Butler Memorial Hospital that all persons interested in joining the Butler Memorial Hospital Auxiliary or becoming an employee of the Butler Memorial Hospital Auxiliary must have completed and passed a criminal check prior to their acceptance.

The statement below is an authorization form of consent for Butler Memorial Hospital to obtain consumer report on:

In connection with my application for Volunteer Services or Auxiliary employment, and in accordance with applicable laws, I provide my consent to Butler Memorial Hospital to use a consumer report or investigative consumer report furnished by a consumer reporting agency to render a decision regarding my application for Volunteer Services or Auxiliary employment. By my signature below, I hereby authorize, Butler Memorial Hospital to make such investigations and inquiries, including, but not limited to, a consumer report of my personal, employment, or financial history and other related matters such as criminal history record information, academic history, verification of references, and information about my character, general reputation, personal characteristics and mode of living as may be helpful in arriving at a decision regarding volunteer services or Auxiliary employment.

If engaged as a volunteer or hired as an Auxiliary Employee, I acknowledge that Butler Memorial Hospital may use a consumer report furnished by a consumer reporting agency to render a decision regarding my continued volunteer service or employment. My signature below further authorizes Butler Memorial Hospital to make such investigations and inquiries as may be helpful in arriving at any decision regarding my volunteer service or Auxiliary employment throughout my working relationship with Butler Memorial Hospital.

Applicant/Volunteer Signature _____

Social Security Number (required) _____

Date of Birth (required) _____