

MARY HEALTH OF THE SICK
2929 Theresa Drive
Newbury Park, California 91320
(805) 498-3644 • fax: (805) 498-5112

VOLUNTEER REGISTRATION FORM

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CALIFORNIA DRIVERS LICENSE: _____

ARE YOU AT LEAST 18 YEARS OF AGE? _____

IF NOT, PLEASE FILL IN THE FOLLOWING:

STUDENT I.D. # _____

AGE (if under 18) _____

PARENT S NAME: _____

If volunteer hours are required by school, agency, program please fill in the following:

NAME OF SCHOOL, AGENCY, PROGRAM: _____

ADVISER S NAME & PHONE #: _____

NUMBER OF HOURS REQUIRED: _____

I AGREE THAT ALL OF THE ABOVE INFORMATION IS CORRECT.

SIGNATURE OF APPLICANT

DATE

IF UNDER 18 YEARS OF AGE:

I AGREE THAT ALL THE ABOVE INFORMATION IS CORRECT. I GIVE THE ABOVE NAMED PERSON PERMISSION TO PARTICIPATE IN THE VOLUNTEER PROGRAM AT MARY HEALTH OF THE SICK AND TAKE FULL RESPONSIBILITY FOR THEIR ACTIONS.

SIGNATURE OF PARENT

DATE

EMERGENCY INFORMATION

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

RELATIONSHIP TO YOU: _____

OATH OF CONFIDENTIALITY

Our facility's policy, as well as State and Federal legislation, require that patient confidentiality be maintained. It is the duty and responsibility of Mary Health of the Sick to assist in preserving the confidentiality and privacy of all residents. In practical terms, this means that employees/volunteers should read and use only those records necessary to perform their individual job functions.

Confidentiality of medical record information cannot be ignored or treated lightly. Repeated or in any way disseminating what has been seen in a record or heard about a resident is a serious offense and may have personal liability and legal penalties attached. Violation of policy constitutes grounds for disciplinary action that may include termination of your volunteer services.

Any questions or concerns regarding this issue should be directed to the Volunteer Coordinator or the Administrator.

I HAVE READ AND UNDERSTAND THE ABOVE.

NAME: _____ DATE: _____

SIGNATURE: _____