

Dear Prospective JPS Volunteer,

On behalf of the entire JPS Health Network, thank you for your interest in the volunteer program. One of the most important elements in providing high-quality healthcare is **human interaction** - a kind word, a comforting touch, a cheerful guide to a hard-to-find department in the hospital. These are some of the ways our volunteers help us extend our reach to the people we care for and serve: our patients and their families.

By now, you have received information about the many volunteer opportunities in our healthcare system. As you begin the process of applying to volunteer, we ask your careful attention to the materials enclosed in this packet. Read each form carefully and provide complete information on all questions. This will speed the application process and help you decide if this is the right volunteer opportunity for you.

After you have completed the enclosed materials and returned them to us, we will create your file and make the appropriate criminal background checks. We will then contact you about scheduling an interview in the volunteer office. At that interview, we are committed to an honest conversation about the demands and expectations in each volunteer area. We will discuss not only the areas that need volunteers the most, but which areas we believe best fit your unique goals and skills. We ask that you also consider your interests and availability as objectively as you can, to avoid making commitments you may find difficult to fulfill. Our goal is to find volunteers who complement the important work our fellow staff members perform to create an engaging, worthwhile experience for you, our staff and the focus of our business: our patients.

Please bring your schedule or personal calendar to your interview - we will be discussing orientation dates and additional steps in our process, which are best scheduled in advance. Specifics about uniforms, parking, medical requirements, etc. will also be part of your interview discussion. Tarrant County is a compassionate community and JPS is an important partner in sustaining that reputation. Our volunteers bring their time, talents and hearts with them - every time they come to volunteer. We look forward to learning more about you and helping you decide if JPS is the service opportunity for you!

Sincerely,

JPS Volunteer Services Team

Kim Pinter

Manager, Volunteer Services

College Student Volunteer Application



Please complete and return to: **JPS Volunteer Services, 1500 S. Main St., Fort Worth, TX 76104**
Email: volunteers@jpshealth.org Fax: 817-702-1635 JPS Volunteer Services Main Line: 817-702-1590

Name _____ Male Female
First M.I. Last Nickname

Other names you may be known by (maiden, i.e.) _____

Home address _____
No. and Street City & State ZIP Code

Physical address (if different) _____
No. and Street City & State ZIP Code

Preferred telephone number _____ Cell Home Work

Email address _____

Emergency Contact _____

Emergency Contact Phone _____

Emergency Contact relationship to you _____

Can this person authorize consent to emergency treatment? Yes No

Current or former employer _____

Job title / duties _____

Are you currently enrolled in school? (Check one): Yes No Name of school _____

What year are you in? _____ Major _____

Preferred volunteer assignment (if known) _____

How did you learn about the JPS Volunteer program? _____

Previous volunteer experience _____

Have you ever been convicted of a crime or received deferred adjudication (other than a traffic violation)? (Check one): Yes No

If yes, please state offense, date and location (a conviction record will not necessarily be cause for disqualification):

AVAILABILITY - When are you available for volunteering? (Check all that apply)

Mornings Afternoons Evenings Weekends Holiday Breaks

Other (specify):

PERSONAL REFERENCES - Required

Volunteers are required to provide two people (not immediate family members) as personal references. Follow the instructions below to submit your personal references:

1. Download the [Volunteer Reference Letter form](#) (also found on our website) and send it to your two references.
2. Have them return the completed form by emailing it to volunteers@jpshealth.org.

You are responsible for making sure your references submit the required paperwork. Failure to do so will result in your application not getting processed and you will not be eligible for interviewing. We reserve the right to contact your references regarding the information provided in their letters.

Reference 1 Name

Email

Phone Number

Reference 2 Name

Email

Phone Number

VOLUNTEER AGREEMENT

I understand that I am applying to be a volunteer, not a paid employee, at JPS Health Network. If I have current or pending credentials that allow me to work as a healthcare professional care in another context, I understand that I am not allowed to utilize those credentials or skills in my work as a volunteer.

I understand that I am solely to perform tasks assigned to me. I will adhere to the required dress code and volunteer uniform which includes an official JPS identification badge. I allow the Volunteer Services Department to contact my personal references and previous volunteer agencies before I begin volunteering. I authorize JPS to conduct a criminal background check.

I understand the importance of Tuberculosis screening and agree to the administration of the TB test process (administered by JPS, at no cost to applicants) before I begin my volunteer commitment and one annually thereafter. I understand that the first 30 days of my volunteer service will be considered a probationary period. I will adhere to JPS Volunteer Services Department policies and procedures.

I agree to accept full responsibility and to hold harmless JPS Health Network, its employees, directors, officers, trustees or agents from any and all claims and damages that may arise from my participation in the volunteer program. I understand that JPS Health Network may terminate my volunteer services for any reason.

Volunteer signature

Today's date

JPS requires the submission and completion of required paperwork prior to starting with JPS Health Network. All volunteers are required to wear a JPS Photo ID Badge at all times while on the premises. The badge will be issued upon receipt of the required documents and completion of all onboarding requirements, background check, and occupational health screening including a TB skin test and flu shot during flu season.

The JPS Photo ID Badge must be surrendered upon completion of a volunteer's service and/or upon request of JPS.

This on-boarding packet must be fully complete, signed and processed by Human Resources prior to the start of assignment with JPS Health Network.

PERSONAL INFORMATION

Name _____
First M.I. Last Nickname

Date of Birth _____ / _____ / _____ Male Female Social Security No. _____ / _____ / _____

Email address _____

Home Address _____
No. and Street City & State ZIP Code

Home Phone _____ Cell Phone _____

EMERGENCY CONTACT _____
Name Phone

Relation to you _____

BELOW FOR OFFICE USE ONLY

VOLUNTEER INFORMATION

Job Title: **VOLUNTEER** Start Date: _____ End Date: _____

Sponsoring JPS Department: **VOLUNTEER SERVICES** Job/Department Code: **5374867101**

Identification Number: _____

JPS Contact Person: Pat Garcia pgarcio2@jpshealth.org 817-702-3588

*If profile is not submitted by the JPS Contact Person, he/she will be contacted via phone/fax to confirm sponsorship of this contractor.

VOLUNTEER DISCLOSURE/RELEASE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report and/or an investigative consumer report* may be made in connection with your application to volunteer. A consumer report consists of assembling factual information which may include, but is not limited to, employment, civil reports, and driving record. In the event that an investigative report is requested, you are entitled to know and hereby advised that the nature and scope of the investigation will be to obtain applicable information from personal interviews with previous employers concerning your work habits, actions, and performance.

If you are denied the opportunity to volunteer, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such a report. You will receive a copy of the report and a statement of your consumer rights.

**A consumer report may consist of employment records, educational verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested.*

	First Name	Middle Name	Last Name
Volunteer's Full Name	_____	_____	_____
Other Name #1	_____	_____	_____
Other Name #2	_____	_____	_____
Other Name #3	_____	_____	_____
Social Security No.*	_____		
Date of Birth*	_____		

**for consumer report purposes only*

List all of the counties (including city & state) you've lived in for the last seven years

	City	State	County
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____
#5	_____	_____	_____

Read the following carefully before signing.

By signing below you consent to the procurement of a consumer report* in connection with your application for volunteer service. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for JPS Health Network to procure consumer reports at any time during your time as a volunteer.

My typed name below shall have the same force and effect as my written signature.

Name _____ Date _____