



Dear Prospective Volunteer:

Thank you for your interest in volunteering at Bozeman Health. Potential volunteers should complete and return the following application. We will contact you for a scheduled tour, which will help determine the service area in which you will be assigned. Bozeman Health is proud to have dedicated volunteers who provide a valuable service to the community. We look forward to meeting with you and greatly appreciate the generosity of your time and talents.

Volunteer Expectations at Bozeman Health

What we expect of you:

- Enjoy your volunteer experience with us! Volunteering helps Bozeman Health achieve its mission to improve community health and quality of life.
- Comply with the policies and procedures of Bozeman Health and the Volunteer Services Department.
- Volunteer for at least four months (64 hours total) before applying for employment with Bozeman Health.
- Undergo a criminal background check, ongoing screening, TB test, and flu shot (during flu season) at no charge.
- If you cannot make a scheduled shift, arrange for a substitute within your department, and notify the Volunteer Coordinator and the department in which you volunteer.
- Sign into the touch screen in your department each shift in order to keep record of hours served.
- Attend volunteer meetings/trainings as requested, including the initial New Volunteer Orientation.
- Dress professionally (business casual, no denim), wear appropriate shoes and wear your ID at all times.

What you can expect of us:

- A meaningful volunteer experience, gaining valuable work experience and an opportunity to meet great, like-minded people in a health care setting.
- A meal allowance of \$6.00 for each shift worked.
- Discounts in the pharmacy, cafeteria, coffee, and gift shops.
- Invitation to our Annual Volunteer Appreciation Brunch and other special events.

Volunteer Opportunities

Emergency Department: Volunteers provide comfort and non-medical services for patients and their visitors. Volunteers also assist with room turnover and restocking supplies.

Escort: Escorts assist in the transport of patients, supplies, and equipment between departments. They also deliver mail and flowers to patients, and assist visitors in finding their way around the hospital.

Gift Shop/Care Boutique: Volunteers assist customers as they shop for gifts, flowers, candy, and other items.

Information Desk: Volunteers make a lasting impression for those who enter Bozeman Health by greeting guests, giving directions, and answering visitor questions.

Perioperative Services: Give support to families waiting for patients in surgery and serve as a liaison between families, surgical staff, and physicians.

Cancer Center: Volunteers make a difference by providing comfort to patients undergoing treatments and to family members and guests while they wait.

Special Projects: Volunteers help with various activities and events as needs arise. Departments, such as Family Birth Center, finance, and education need assistance with clerical duties.

Thank you for your interest in our organization!

Volunteer Services Application

Please mail your completed form to: Volunteer Services Bozeman Health, 915 Highland Blvd., Bozeman, MT 59715 or email: mpalmersheim@bozemanhealth.org.

Date: _____

Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone Number: _____ Email: _____

General days/times you are available to volunteer: _____

Previous Volunteer Experience	Year	Title or Duties
1. _____	_____	_____
2. _____	_____	_____

Emergency Contact Information

Name: _____ Relationship: _____

Email Address: _____ Phone: _____

How did you learn of this program? _____

Have you ever been convicted of any criminal offense? (Please circle) NO YES *

*If yes, explain. Note: a criminal conviction does not necessarily exclude you from volunteering.

Why do you want to volunteer at Bozeman Health? _____

What volunteer positions/departments are you interested in? _____

Have you volunteered in a health care setting before? _____

What are your special skills, talents, and/or hobbies? _____

Can you meet the one shift per week, **4-month** commitment? NO YES

Are you 18 years or older? NO YES

Volunteer Responsibilities

As a volunteer, I have a responsibility to complete and adhere to the expectations of Bozeman Health and the Volunteer Services Department. Therefore, I:

- Agree to fulfill the four month commitment as a volunteer for Bozeman Health. I will not apply for employment positions while volunteering. (Pet therapy volunteers volunteer at least once a month.)
- Agree to attend volunteer training until I am competent to perform the required duties and will attend additional training sessions as needed to carry out my duties.
- Agree to complete the one-time initial orientation, and departmental meetings as requested.
- Agree to find my own substitutes, if required, when absent from my shift and notify the coordinator.
- Agree to uphold the Mission, Vision and Values of Bozeman Health.
- Agree to comply with all policies and procedures of Bozeman Health and the Volunteer Services Department.
- Understand that I may be required to relinquish my volunteer responsibilities for repeated absences, willful wrongdoing or negligence and/or performing duties outside of my volunteer role.

Confidentiality Commitment: As a Bozeman Health (BH) employee, volunteer, committee member, or visitor, I recognize that assuring confidentiality is an ethical, moral and legal responsibility. Patients, employees, and business associates of BH have the right to expect that confidential information of all kinds—medical, personnel, business and financial (verbal, written or computerized)—will be safeguarded. Such information may be accessed, used, and discussed only by those with an authorized need to know, and may not be released or disclosed, except in accordance with BH policies and agreements.

I recognize that due to the nature of my involvement with BH, I agree to be obligated to follow BH policies that protect confidentiality. These policies protect the confidentiality of patient health care information and of strategic business and financial information. Furthermore, I understand that these policies may be amended and new policies may be issued that protect the confidentiality of information, and I agree to follow such new policies as they are issued. Furthermore, I understand that, under special circumstances, BH will enter agreements to share confidential business, financial or patient-related information with outside persons or organizations, with the obligation to hold such information in confidence. I agree to abide by such agreements.

I understand that failure to protect the confidentiality of information may be grounds for civil penalties under the Montana Health Information Act or the Health Insurance Portability and Accountability Act (HIPAA) and violation of BH policies and agreements that protect the confidentiality of information will result in disciplinary action, which may include termination.

If I have a question or concern about BH policies and expectations regarding confidentiality, I will ask my supervisor, department manager, a member of senior leadership, or the Compliance Officer. If I know of a breach or possible breach of confidentiality, I also recognize that I am obligated to report that breach to my supervisor, department manager, or the Compliance Officer.

- I acknowledge and have read the statements above and agree to abide by the expectations and rules and regulations of the Department of Volunteer Services and Bozeman Health as listed. The information provided in this application is true in all respects, without any willful omissions.

Signature

Date

Printed Name

Background Verification Disclosure

As part of the **volunteer and employment** process, Bozeman Health may obtain a Consumer Report and/or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of **employment and volunteering**, a Consumer Report may be obtained which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is obtained, will be provided, in the event the report contains information regarding your character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION and RELEASE

During the **application or volunteering process** and at any time during any subsequent employment or volunteering, I hereby authorize Victig, on behalf of Bozeman Health to procure a Consumer Report that may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

Full Legal Name – Please Print

Signature

Date

Applicant Address

City

State

Zip

Phone Number with Area Code

E-mail Address

Social Security Number

Date of Birth

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N., Washington, D.C. 20580.

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if a person has taken adverse action against you because of information in your credit report;

- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or-unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center-FORA Washington, DC 20580 - 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "NA." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 - 800-613-6743
Federal Reserve System member banks (except national banksman federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 - 202-452-3693
Savings associations and federally chartered savings banks (word Office of Thrift Supervision "Federal" or initials "F.S.B." appear in federal institution's name)	Consumer Complaints Washington, DC 20552 - 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in Institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 - 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 - 1-877-275-3342
Air, surface, or tall common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 - 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 - 202-720-7051