

STATEMENT OF COMMITMENT:

As a Saint Francis Memorial Hospital volunteer, I will:

- Agree to volunteer for a minimum of 100 hours and a minimum of 1 shift (4 hours) per week.
- Notify the volunteer office and the department to which I am assigned each time I am unavailable for my assignment.
- Respect patient, family, and staff confidentiality; which I understand is both a patient right and the Hospital's legal responsibility, users of electronic, verbal or written information systems have the same obligation regarding confidentiality. Information that must be considered confidential includes patient name, diagnosis and family background.
- Receive and COMPLETE all vaccinations in a timely manner (3 weeks from interview date). Please note, your shift may be given away to another volunteer if vaccinations are not completed within this time frame.
- Abide by the rules and regulations of Saint Francis Memorial Hospital and the Volunteer Services Department, which includes:
 - Wearing your name badge and volunteer uniform during your volunteer shift.
 - Recording hours with the volunteer office.
- Maintain customer service standards in my interactions with patients, families and staff.
- Give permission for a background check to be performed by the Hire Right, Inc.

PLEASE NOTE THAT YOU WILL BE GIVEN MORE INFORMATION REGARDING THE BACKGROUND CHECK WHEN YOU HAVE COMPLETED AN ORIENTATION AND COME IN FOR YOUR INTERVIEW.

SIGNATURE: _____

Prospective Volunteers under the age of 18 need the signature of a parent or guardian: As a parent and/or guardian of the above prospective minor volunteer, I support and recommend him/her this opportunity.

PARENT/GUARDIAN: _____ DATE: _____

PLEASE RETURN APPLICATION TO: SAINT FRANCIS MEMORIAL HOSPITAL, VOLUNTEER SERVICES DEPARTMENT, 900 HYDE STREET, SAN FRANCISCO, CA 94109, OR FAX TO 415-441-2135. PHONE: 415-353-6655

OFFICE USE ONLY:

ORIENTATION DATE: _____ INTERVIEW DATE: _____

PLACEMENT (DEPARTMENT/UNIT): _____

STARTING DATE: _____ DAYS AND HOURS: _____

Department Notified		2 Step TB Tests		Name Badge
Uniform Payment		Flu Shot/TDap Shot		Varicella/MMR/Hep B Records