



BAPTIST HEALTH LA GRANGE CONFIDENTIALITY STATEMENT

I understand that as a result of my volunteerism, I may have access to confidential information including, but not limited to, information about employees, financial information about Baptist Health, and patient information.

I understand and agree that as a condition of my continued volunteer position, I am required to keep all of the above information confidential and not disclose any such information to any person unless authorized to do so by the Director of Volunteers. I understand that unauthorized discussion or disclosure of any confidential information may result in a legal consequence in a court of law.

By my signature below, I hereby agree that I have read this confidentiality policy and agree to abide by its requirements.

Signature/Date



BAPTIST HEALTH

Application for Student Volunteer Program

Name:	Date of Birth:
Address:	
Home Phone: Cell: Email:	
Mother's name Home address Business phone	Father's name Home address Business phone
What school will you attend in the fall? What grade?	
Have you ever been a volunteer in a hospital setting? Where? What Area? Would you want to work in the same area, or different this year? Please explain.	
List your interest in the healthcare field:	
Why are you interested in becoming a volunteer?	
Is there any reason you cannot fulfill requirements, such as transporting patients, delivering menus and patient trays, etc?	
Schedule preferences: Teens are required to work a four-hour shift per week, Monday through Friday. Hours are 8:30 a.m. to 12:30p.m. or 12:30 p.m. to 4:30 p.m. Please choose your first and second choices. 1 st Choice Day _____ Time _____ 2 nd Choice Day _____ Time _____ Would you be willing to work in an office setting? Can you operate a computer?	
Signature of Applicant: _____ Date _____	
Signature of Parent/Guardian _____ Date _____	