

# **MEMORIAL HERMANN GREATER HEIGHTS HOSPITAL ADULT VOLUNTEER APPLICATION**

Thank you for inquiring about the Volunteer Program at Memorial Hermann Greater Heights Hospital. Our volunteers work in conjunction with the staff to provide the highest quality patient care. Although we are not medical personnel, our actions and talents enhance the patients and families experience as well as provide valuable assistance to the staff. As part of the largest not-for-profit healthcare organization in Texas, we are dedicated to serving our community.

The rewards of volunteering are numerous and everlasting, such as developing new friendships with others giving and caring volunteers. You will feel happy to know your volunteer participation directly and indirectly enhances the quality of care and services provided by the physicians, nurses and staff of the hospital. Most importantly, volunteering will provide you with a sense of personal satisfaction gained from knowing you are helping others during their time of need.

The hospital volunteer duties include but are not limited to the following:

- Greeting and assisting guests at one of our many information desks
- Visiting with patients and their families on all nursing units
- Personally escorting guests throughout the campus
- Clerical duties for various departments

We hope you will join us. If you have questions about the application please feel free to contact Cheryl Ivy at 713-867-4460. Please complete the attached application and return it by mail or in person. If visiting in person, the volunteer office is located on the 1st Floor in the South Tower adjacent to the security office. Please park in Garage 2 which is located on W. 26<sup>th</sup> Street off Ella Blvd. Once your application has been received, a member of the volunteer office will contact you to discuss our opportunities and arrange a convenient time for a personal interview. We look forward to hearing from you.

**Cheryl Ivy**  
**Memorial Hermann Greater Heights**  
**Manager Volunteer Services**  
**1635 North Loop West**  
**Houston, Texas 77008**  
**Cheryl.Holcomb@memorialhermann.org**





Circle Shift:

8 am to 12:00 pm or 12:00 pm to 4 pm

Circle Shift:

8 am to 12:00 pm or 12:00 pm to 4 pm

- Have you done Volunteer service before?      \_\_\_ YES      \_\_\_ NO  
If yes, briefly describe: \_\_\_\_\_  
\_\_\_\_\_

- Please indicate the type of service you would most prefer to do in our hospital:  
\_\_\_\_\_ Information Desk                      \_\_\_\_\_ Administrative/Clerical/Gift Shop

- What do you hope to gain from your Volunteer Experience? \_\_\_\_\_  
\_\_\_\_\_

- Are you volunteering to meet requirements (Community Service Hours, School Requirements, etc.) for a specific reason? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Would you prefer to move around in your assignment (as an escort) or would you prefer to have a “non-active” or sitting assignment? \_\_\_\_\_

- **Have you ever been convicted of, or been on probation for, or deferred adjudication for, or are you awaiting trial for, or on probation for, or deferred adjudication for any felony or misdemeanor?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please explain and give dates:**

Disposition: \_\_\_\_\_

Court: \_\_\_\_\_

Nature of Crime: \_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_

**Answering yes will not necessarily disqualify an applicant. All facts and circumstances will be considered. However, failure to disclose will result in denial of volunteer service.**

**Please List Two Personal References:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**In Case Of An Emergency, Notify:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Do you have a relative working at this Memorial Hermann Hospital? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, give Name: \_\_\_\_\_ Position: \_\_\_\_\_

---

**VOLUNTEER SERVICE COMMITMENT:**

**In submitting this application for membership in the Volunteer Service of Memorial Hermann Greater Heights, I am aware that serving as a volunteer is a privilege carrying with it high trust and related obligations. I agree to fulfill my service commitment and to conform to all rules and regulations of the Volunteer Service program.**

Please Initial: \_\_\_\_\_

---

**MEDIA CONSENT:**

**I understand that my photograph may be taken for the purpose of promotion of services at Memorial Hermann Healthcare System which is deemed appropriate. I am aware I will not receive payment of any kind for my participation and grant Memorial Hermann Healthcare System the rights to use regardless of my future association with the facility and for an unrestricted time.**

Please Initial: \_\_\_\_\_

---

**CERTIFICATION AND AUTHORIZATION:**

**I hereby certify that all the information contained on this application is true and complete. I authorize Memorial Hermann Healthcare System to contact all sources necessary to verify this information and to check references as it may see fit. I understand that any misstatement or omission on this application is cause for loss of volunteer privileges.**

---

Signature

---

Date

**MEMORIAL HERMANN GREATER HEIGHTS HOSPITAL**  
**VOLUNTEER SERVICE DRESS CODE**

An impeccable uniform is the exterior reflection of the inner character, dedication and purposefulness of its wearer.

**UNIFORM**

- The regulation uniform for women is a red vest and white blouse with white pants, white rubber-soled shoes and white socks or neutral hose. The volunteer is responsible for the red vest. The insignia of the Volunteer Service is sewn to the right chest. A photo id badge is clipped to the collar of the white blouse.
- The regulation uniform for a man is a red vest which is provided by the volunteer. Gentlemen must wear navy slacks and coordinating belt and shoes. The photo id badge is fastened to the collar of the shirt.
- Men and women may wear a plain all white cardigan sweater with their uniforms.
- The hospital awards a gold pin to the Volunteer after he/she has worked 100 hours. After that it is in increments of 500. The gold pin is worn on the left collar of the uniform.
- Members are responsible for maintenance of their uniforms. The complete uniform must be freshly laundered and ironed prior to each wearing.
- When leaving the Volunteer Service, members are responsible for returning their photo id badge and clean uniform pieces provided by the Volunteer Service.

**HAIR**

- Hair shall be clean and neat with no styles or colors that would, by a reasonable standard, invite negative feedback from a customer. To comply with Health Department standards, shoulder length or longer hair shall be tied up or pulled back.

**JEWELRY**

- Wrist watches and wedding rings are the only jewelry that can be worn with the uniform. If ears are pierced, small stud earrings may be worn. Men may not wear earrings.

**COSMETICS**

- Extreme or excessive makeup is not allowed. Volunteers may not wear scented colognes while working. Illness often alters sense of smell and patients may be allergic to the aroma or find it offensive.

---

**I have read the above information and understand that discussion of the dress code will be part of the interviewing process.**

Please Initial: \_\_\_\_\_

**IF ACCEPTED AS A MEMORIAL HERMANN HEALTHCARE SYSTEM VOLUNTEER, I AGREE THAT:**

1. I shall hold as **absolutely confidential** all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
2. My services are donated to Memorial Hermann Healthcare System without contemplation of compensation or future employment.
3. I understand that I am to wear an authorized Memorial Hermann Memorial Greater Heights Volunteer Service uniform or approved business attire and name badge, closed toe shoes and socks or hose while volunteering. No blue jeans or denim of any color are allowed.
4. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, either on or off hospital property. I shall report all known occurrences of solicitation for attorneys to the Manager of Volunteer Services.
5. I shall not sell or attempt to sell goods or services for personal gain, request contributions, or solicit persons to sign or distribute political petitions on hospital premises.
6. I will not seek from Doctors or Nurses professional advice for myself or my family while on duty. The privilege of being a volunteer does “not” include medical service.
7. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my service professional in quality.
8. Should I have any problems related to my volunteer activities, I will contact the Manager of Volunteer Services.
9. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept and I shall at all times uphold the Philosophy and Mission and Behaviors of Memorial Hermann Healthcare System.
10. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of: (a) failure to comply with hospital policies, rules and regulations; (b) failure to meet attendance commitment; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the hospital.

---

**I have read each of the above conditions and I agree to be bound by them.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PRE-VOLUNTARY DISCLOSURE & RELEASE**

▪ **VOLUNTEER'S FULL NAME:** \_\_\_\_\_



Any Other Name You Have Volunteered Under: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Pursuant to the requirements of the Fair Credit Reporting Act, **I acknowledge that a consumer report<sup>1</sup> and/or investigative consumer<sup>2</sup> may be made in connection with my application for volunteering with prospective facilities.** I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior volunteering and other reports. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past volunteering from previous facilities. Further, I understand that agents may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency to furnish the above mentioned information. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for volunteering or denial of volunteering. I hereby discharge, release and indemnify prospective healthcare organization, their agents, servants and healthcare organizations, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by investigating agents.

The authorization granted herein expires one year from the date hereof.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

▪ VOLUNTEER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if Under 18)

If you are denied a volunteer opportunity, 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 investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

<sup>1</sup>A Consumer report may consist of enrollment records, educational verification, licensure verification, driving records, previous address and public records relative to criminal charges.

<sup>2</sup>An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.



800.999.9861  
 713.861.5959  
 info@precheck.com  
 www.PreCheck.com

## MHHS NORTHWEST VOLUNTEER # 2000 DISCLOSURE & AUTHORIZATION

FULL NAME \_\_\_\_\_  
 Any Other Names Used \_\_\_\_\_  
 Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver's License State \_\_\_\_\_ No. \_\_\_\_\_  
 Address: \_\_\_\_\_

Have you ever been convicted of a crime? Yes    No  
 Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

	City	State	Dates	From:	To:
1.	_____ / _____	_____	_____	_____	_____
2.	_____ / _____	_____	_____	_____	_____
3.	_____ / _____	_____	_____	_____	_____
4.	_____ / _____	_____	_____	_____	_____
5.	_____ / _____	_____	_____	_____	_____
6.	_____ / _____	_____	_____	_____	_____
7.	_____ / _____	_____	_____	_____	_____
8.	_____ / _____	_____	_____	_____	_____

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

MHHS Northwest may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, volunteering, privileges or appointment to the extent permitted by law.

<sup>1</sup> The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE LAW NOTICES

**Minnesota or Oklahoma applicants or employees only:** Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. \_\_\_\_\_

**California applicants or employees only:** Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. \_\_\_\_\_

**California applicants or employees only:** By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. \_\_\_\_\_

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. \_\_\_\_\_

**Maine applicants or employees only:** Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Massachusetts applicants or employees only:** If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**Washington State applicants or employees only:** You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_