



Bozeman Deaconess HOSPITAL

Volunteering at Bozeman Deaconess Hospital

Thank you for your interest in volunteering at Bozeman Deaconess Hospital. Volunteers are a valued resource at Bozeman Deaconess providing both 'patient' and 'non-patient' care services.

We ask potential volunteers to complete the attached application and have two personal reference forms completed by a person familiar with your work habits and personal attributes. When you have all materials completed, a member of our staff will interview you to determine what areas of service would be a good fit for you and the hospital.

All volunteers are required to attend a new Volunteer Orientation within the first two months of volunteering. We also ask for a four-month commitment at one four-hour shift per week in your chosen department. Additionally, a two-part TB test will be provided by the hospital and must be completed prior to the start of service. Individualized training is provided on an individual basis once you are placed in a department.

Bozeman Deaconess is proud to have such dedicated volunteers. Volunteering provides a valuable service to the community and a meaningful experience for you. We look forward to meeting with you and greatly appreciate your generosity of your time and talents.

Volunteer Expectations at Bozeman Deaconess Hospital

What we expect of you:

- Enjoy your volunteer experience with us! Volunteering is a means of giving back to our community and helps us achieve the mission of Bozeman Deaconess – to improve community health and quality of life.
- Comply with all the rules and regulations of Bozeman Deaconess Hospital and the Volunteer Services Department.
- Volunteer for one 4-hour shift each week for at least 4 months.
- If you cannot make a scheduled shift, arrange for a substitute within your department.
- Sign into the touch screen in your department in order to keep record of hours served.
- Attend volunteer workshops and trainings as requested.
- Dress professionally (business casual--no denim), wear closed toe shoes and wear your nametag at all times when you are in the facility as a volunteer.

What you can expect of us:

- A meaningful volunteer experience, gaining valuable work experience and opportunities to meet great people
- Assistance in matching your personality and interest with a volunteer position
- A meal allowance of \$6.00 for each shift and invitations to in hospital and volunteer events
- Invitation to our Annual Volunteer Appreciation Brunch
- Flexibility in scheduling

Thank you for wanting to be a part of our organization!



Bozeman Deaconess HOSPITAL

Volunteer Services Application

Full Name: _____ DOB: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone Number: _____ Email: _____

Times you are available to volunteer:

_____	S M T W T H F S	_____	_____	_____
Hours/wk	(circle days)	(morning)	(afternoon)	(evening)

Volunteer/Work Experience	Dates	Title/Duties
1) _____	_____	_____
2) _____	_____	_____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Do you have health related concerns you would like us to be aware of? (For example-hard of hearing, poor eyesight, limited lifting abilities, etc)

How were you referred to our program?

Have you ever been convicted of any criminal offense? _____ NO _____ YES

If yes, please explain and note a criminal conviction does not necessarily exclude you from volunteering at Bozeman Deaconess.



Bozeman Deaconess
HOSPITAL

Volunteer Application Questionnaire

1) Why are you interested in volunteering at Bozeman Deaconess Hospital?

2) Have you volunteered in a health care setting before? If yes, please describe the experience.

3) What volunteer positions are you interested in?

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

5) What level of time commitment can you offer Bozeman Deaconess Hospital as a volunteer?

6) Are you 18 years or older? _____

7) Please give us any other information you feel would be pertinent to your application.



Bozeman Deaconess
HOSPITAL

Volunteer Responsibilities

As a volunteer, I have the responsibility to understand all components of my volunteer work. Therefore, I...

- Agree to find my own substitutes when absent from my regular shift.
- Agree to fulfill the four-month commitment as a volunteer for Bozeman Deaconess Hospital.
- Agree to attend volunteer training until I am competent to perform the required duties and will attend additional training and retraining session needed to carry out my responsibilities.
- Agree to uphold the Mission, Vision and Values of Bozeman Deaconess Hospital.
- Agree to comply with all the rules and regulations of Bozeman Deaconess Hospital 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 service area guidelines.

Confidentiality: It is the belief of the Bozeman Deaconess Hospital that all medical, financial and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion and disclosure. Therefore, volunteers may look at, use or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide ground for relinquishment of all volunteer responsibilities. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with the Volunteer Services Department Manager before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and Bozeman Deaconess Hospital.

The information provided in this application is true in all respects, without any willful omissions.

SIGNATURE

DATE

PRINTED NAME



Bozeman Deaconess HOSPITAL

Personal Reference Form

The mission of Bozeman Deaconess Hospital is to improve community health and the quality of life. Bozeman Deaconess Health Services strives to be the premier source of health care for people living in Southwest Montana. Our volunteers play a pivotal role by providing quality service in a variety of positions. Our volunteers must have excellent communication/social skills, demonstrate maturity, treat all aspects of their work with the utmost confidentiality and be respectful of all individuals they encounter. We appreciate your completion of this reference as it helps us maintain the standards of excellence we seek in Volunteer Services.

Please mail your completed form to:
Bozeman Deaconess Volunteer Services
915 Highland Blvd.
Bozeman, MT 59715

Name of applicant: _____

How long have you known this applicant and in what capacity?

Would you recommend this applicant without reservation? Why or why not?

Is there anything else you think we should know about the applicant?

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Contact number: _____



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HOSPITAL

Background Verification Disclosure

As part of the **volunteer and employment** process, Bozeman Deaconess Health Services, 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 Choicepoint, on behalf of Bozeman Deaconess Health Services to procure a Consumer Report 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.

Applicant Full Legal Name – **Please Print**

Date

Applicant Signature

Applicant Address – City and Zip

Phone Number

E-mail Address

Social Security Number

Date of Birth



Bozeman Deaconess HOSPITAL

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 identify 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.



Bozeman Deaconess HOSPITAL

- **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.



Bozeman Deaconess

HOSPITAL

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 banks, and 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" 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