Lovelace
Health System

VOLUNTEER APPLICATION

NAME:_____
     Please Print

Volunteering is a privilege and commitment. We have many applicants, but not all applicants will be interviewed or selected. Selection of volunteers will be on an equal opportunity basis regardless of race, religion, color, national origin, sex, age or physical challenge. Volunteers are selected in accordance to the best fit for the position and our organization. All volunteers 18 years of age and older will be required to submit to a background check.

Please complete this packet and return to the Volunteer Department at the location you wish to serve.

Please circle the facility where you wish to volunteer:

Lovelace Medical Center – Downtown
    601 Martin Luther King Jr. Ave NE, 87102
    Christopher Eyrich 727-2700

Lovelace UNM Rehabilitation Hospital
    505 Elm St. NE, 87102
    Christopher Eyrich 727-2700

Heart Hospital of NM @ Lovelace Medical Center
    504 Elm St. NE, 87102
    Christopher Eyrich 727-2700

Lovelace Women's Hospital
    4701 Montgomery Blvd. NE, 87109
    JoLynn Maestas - 727-7895

Lovelace Westside Hospital
    10501 Golf Course Rd. NW, 87114
    Tina Lockwood - 727-2036

Lovelace Health System Volunteer Application

Name:_____ Date: _____

Address: _____ Apt: _____

City:_____State:_____Zip:_____Phone (Home): _____

(Cell): _____ E-mail Address:_____

Name and phone number(s) and relationship of a local person to be contacted in case of an emergency or illness while on duty.

Name: _____Relationship:_____ Phone #: _____

Name: _____Relationship:_____ Phone #: _____

Previous work experience:
_____
_____

Previous volunteer experience:
_____
_____

Education, special training, languages spoken other than English:
_____
_____

Why are you interested in volunteering your services to Lovelace Health System?
_____
_____

Name, phone number and affiliation of two references we are permitted to call.
_____
_____

Circle Day/Days and Shift Preferred:

Monday	**morning**	**afternoon**	**Thursday**	**morning**	**afternoon**
Tuesday	**morning**	**afternoon**	**Friday**	**morning**	**afternoon**
Wednesday	**morning**	**afternoon**	**Other (if available)**_____		

To the best of my ability the above information is true:

_____   _____
Signature   Date

CONFIDENTIALITY AND INFORMATION ACCESS AGREEMENT

As a volunteer, with privileges at Lovelace Health System (LHS), you may have access to confidential information. This access to confidential information may be through a computer system or through other employment activities.

Confidential information is strictly protected by law and by Lovelace Health System policies. You are required to conduct yourself in conformance to applicable laws and LHS policies governing confidential information. This is to assure the confidentiality and privacy of such information. Failure to adhere to LHS policies regarding confidential information will subject you to disciplinary action, up to and including termination of volunteering and legal action.

As a volunteer, I understand that I will have access to confidential information that may include, but is not limited to, information relating to: patients, members, staff, physicians, LHS proprietary business information, or third parties (computer, client, or vendor information).

As a condition and in consideration of access to such Information, I agree to:

- Respect the privacy and rules governing use of any such information in any form.

- Not divulge, copy, release, sell, or use for personal benefit, loan, review, identify, remove, alter, or destroy any confidential information except as property authorized within the scope of professional activities affiliated with Lovelace Health System.

- Not divulge any information; disclose information only to those authorized to receive it; prevent unauthorized use of any such information (release of any information must follow the applicable Release of Information Policies and Procedures).

- Not knowingly include, or cause to be included in, any record or report a false, inaccurate, or misleading entry; and not remove or copy any record or information from the facility where it is kept except in performance of my duties.

With regard to passwords or other access authorizations provided, I agree to:

- Not release my password, authentication code, or device to anyone else, or allow anyone else to access or alter information under my identity.

- Not utilize anyone else's authentication code or device in order to access any LHS system.

- Accept responsibility for all activities undertaken using my access code or other authorization.

Confidentiality and information Access Agreement continued:

With regard to computer systems and software, I agree to:

- Respect the ownership of proprietary software, including not making unauthorized copies of such software for personal or other use or distribution.

- Respect the limited capacity of the system, to limit my use of the system so as not to interfere unreasonably with the activity of other users, log out of information systems, and not leave unattended a display device to which I have logged on.

- Not install, download, or operate any non-licensed or non-approved software on any computer provided by LHS, including, but not limited to, screen savers, games, or other executable codes.

Further, I understand that:

- All access to the system and activity will be monitored for audit trail purposes as required by law.

- My obligations under this Agreement will continue after I discontinue volunteering. I understand that these computer and information access privileges are subject to periodic review, revision, and renewal.

- Violations of this policy by any individual or entity should be reported to the manager in charge or to the System Security Administrator. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

- Violations of the terms of this Agreement may result in legal penalties and/or disciplinary action, up to and including termination of volunteering – under policies of Lovelace Health Systems and under the laws of the State of New Mexico or the United States of America to the extent applicable.

By signing this, I agree that I have read, understand, and will comply with the Agreement.

_____

Volunteer Signature   Date

_____

Print Name