

VOLUNTEER SKILLS INVENTORY

Name: _____

Age: 16-17 18-25 26-39 40-59 60+

AREAS OF INTEREST FOR TEEN VOLUNTEERS

Age 16-17:

- Child Care Center (Available Summer only) Gift Shop Emergency Triage Desk (Registration) Lobby
 NICU Patient Care Areas Thrift Shop Volunteer Express

AREAS OF INTEREST FOR ADULT VOLUNTEERS

Age 18+:

- Clerical Assisant Child Care Center Diagnostic Center Emergency Triage Desk (Registration)
 Emergency Room Gift Shop Lobby Maternal/Infant Health Orthopedics Outpatient Surgery Care
 Patient Care Areas Patient Visitor Post Anesthesia Care Unit Registration Desk
 Surgical Services Information Desk Telemetry Thrift Shop Volunteer Express

SKILLS

- Cash Register Computer/Word Processing General Crafts/Knitting, Sewing Management/Organization
 Retail Management Writing/Publishing (newsletters/etc.)

ASSIST IN

- Bake Sales Fundraising Bazaars Serving at Special Events Telephone Tree
 Leadership on Auxiliary Board

SCHEDULE/AVAILABILITY

DAY OF WEEK	9 - 12	12 - 3	3 - 6	6 - 9
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

*Please indicate your availability by checking appropriate box.
 **Weekend shift hours may vary.



VOLUNTEER APPLICATION

Please check the Inova Fair Oaks Hospital volunteer program you are interested in joining:

- Adult Volunteer (Ages 18+) Teen Volunteer (Ages 16-18)

PERSONAL INFORMATION – Please print

Name: _____

Address: _____
City State Zip Code

Home Phone: () _____ Work Phone: () _____

Email Address: _____ Cell Phone: _____

Do you know, or are you related to anyone who works or volunteers at IFOH? Yes No If yes, name(s) and their relationship to you: _____

EMERGENCY CONTACT:

Name: _____

Phone: _____ Relation: _____

EDUCATION Please provide information on your current education, or on your highest level of education completed.

High School Name: _____

College: _____ Major: _____

Grad. School: _____ Major: _____

EMPLOYMENT

Are you presently employed? Yes No

If yes, employer and occupation: _____

Briefly describe your work experience: _____

OFFICE USE ONLY

Orientation Date: _____ TB Date/Results: _____ Interview Date: _____

Train Date: _____ Start Date: _____ ID #: _____ Placement _____

PREVIOUS VOLUNTEER EXPERIENCE

Have you ever volunteered in the Inova Health System? Yes No

If Yes, when? _____ to _____ Where? _____
month/year month/year

Have you ever volunteered, or are you currently volunteering, for another organization?
 Yes No

If Yes, please complete the following:

Organization **Service** **When:**
Name: _____ **Nature:** _____ _____

Organization **Service** **When:**
Name: _____ **Nature:** _____ _____

Describe any hospital-related volunteer or employment experience. This would include caregiving-related "life" experience (for example, home care of elderly family member): _____

INTEREST Please state three reasons you are interested in volunteer work

1. _____

2. _____

3. _____

CONVICTION HISTORY (This information is strictly confidential)

For security purposes, we must conduct a background check on all volunteers. Conviction for a crime will not necessarily bar you from our program. We also consider your age at the time of the offense, its nature and that of the volunteer work you seek, whether you are deemed rehabilitated and other factors.

With that information in mind, please answer the following:

- Have you ever been convicted of a crime other than a minor traffic violation? (enter Yes or No) _____
- Have you ever been ordered by a court to perform community service? _____ If yes to either or both of these questions, please explain, including the type of crime(s) involved. _____

VOLUNTEER CONSENT AND RELEASE STATEMENT

I certify that the information in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, misstatement or omission regarding this application will result in denial or termination of a volunteer position.

I understand that nothing contained in this application is intended to create an employment contract between Inova Fair Oaks Hospital and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me. I understand that my status as a volunteer will be at-will and that I or Inova Fair Oaks Hospital have the right to terminate my status as a volunteer at any time, for any reason.

The volunteer program has been explained to me and I accept the responsibility to honor the commitment of time agreed upon. I also understand that my assignment will have limitations and I agree not to assume responsibility beyond the limitations defined in my job guidelines.

I understand that a breach of confidentiality is a serious offense that can result in termination of my volunteer services from Inova Fair Oaks Hospital. All information I may be exposed to regarding patient information, organization plans and personnel actions will be kept confidential. I also understand that inappropriate disclosure of confidential information can lead to potential liability in civil litigation.

I agree to report to my supervisor and to the volunteer services department staff any incidents or injuries in which I am involved while serving the hospital. In the event of an accident or sudden illness while volunteering, I authorize qualified physicians of the medical staff of Inova Fair Oaks Hospital to perform diagnostic or therapeutic procedures which in their judgment may be deemed necessary for my safety or care or that of my son/daughter's safety or care.

I consent to having the Inova Fair Oaks Hospital Employee Health Department administer the required TB skin test for myself or my teen in accordance with Inova Fair Oaks Hospital volunteer policies and agree to provide TB-free documentation to the volunteer office.

This consent shall also release the Inova Health System employees of Inova Fair Oaks Hospital from any and all liability in connection with my volunteer assignment at Inova Fair Oaks Hospital.

Signature of Applicant

Date

Signature of parent or Legal Guardian
(if applicant is under 18 years)

Date