



WILCOX MEMORIAL HOSPITAL

An Affiliate of Hawai'i Pacific Health

Volunteer Application

Thank you for your interest in volunteering at Wilcox Memorial Hospital. All applicants shall meet the requirements listed below prior to becoming a volunteer.

REQUIREMENTS

1. Background check is required.
2. All applicants must complete a 2-step TB test provided by Wilcox Memorial Hospital.
3. All applicants must be current with their vaccinations as stated in the Health Screening Requirement list.

**Please note that Wilcox Memorial Hospital ONLY provides the TB test. Any other vaccinations that needs to be completed to meet the requirements will be your responsibility and at your expense.*

Your commitment to participate in the volunteer program is valuable to the volunteer team and Wilcox Memorial Hospital staff. You will be asked to commit to a minimum of 4 hrs a week or a consecutive 4-hour shift.

Volunteer opportunities includes the Gift Shop, Thrift Shop and at our Inservice Desk.
For more information, please call (808) 245-1103.

Wilcox Memorial Hospital

Volunteer Services

3-3420 Kuhio Highway • Lihue, Hawaii 96766-1099 • Phone: (808) 245-1103

ADULT VOLUNTEER APPLICATION

GENERAL INFORMATION

Name: _____ Birthday: _____
Last First MI Month/Day

Physical Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Phone (Home): _____ (Work/Cell) _____

E-mail Address: _____

Emergency Contact Person: _____

Relation: _____ Phone:(H) _____ (B) _____

Physician Name: _____ Phone: _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, explain when, where, type of offences and disposition of case. (A conviction will not necessarily disqualify application from the position applied for.)

AVAILABILITY

What are the days/times you are available to volunteer? Please check below:

8/8:30a.m. - Noon/12:30p.m.

Mon Tues Wed Thu Fri Sat

Noon/12:30p.m. - 4/4:30p.m.

Mon Tues Wed Thu Fri Sat

OTHER: _____

Can you commit to a regular schedule? Yes No

VOLUNTEER AREAS OF INTEREST

Gift Shop Thrift Shop Information Desk

Other: _____

OTHER INFORMATION

Current/Last Employer: _____ Position/Title: _____

School: _____ Major: _____

Work experience (paid or volunteer): _____

Career/special interests, hobbies, skills: _____

List special training or noteworthy achievements: _____

Why do you want to volunteer? _____

Future Objectives _____

REFERENCES

Name three individuals (not related) who have knowledge of your qualifications and whom we have permission to contact immediately, preferably individuals under whom you have worked.

Name	Title/Occupation	Where Employed	Phone

I certify that all statements made in the application are true. I understand that, if selected for a volunteer position, falsified statements on this application or failure to furnish all requested information shall be considered sufficient cause for my dismissal from the volunteer program. I agree to a criminal background and reference check. I agree to abide by the policies and regulations of Hawaii Pacific Health and its Volunteer Program.

Signature: _____ Date: _____

Please sign and submit this application to: **Volunteer Services Department
c/o Wilcox Memorial Hospital
Administration Office
3-3420 Kuhio Highway
Lihue, HI 96766-1099**

DO NOT WRITE BELOW - FOR VOLUNTEER OFFICE USE ONLY

Date Rec'd: _____ Interview Date: _____

BG Ck submitted: _____ BG Ck Received: _____ Decline Ltr Sent: _____

- Forward application to Manager
- Forward application to Associate Health for review
- Notified applicant to contact Associate Health
- Annual Training Module/Post test
- Acknowledgement of Handbook
- Badge

Comments: _____



1539

Hawaii Pacific Health

Background Request Form



Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

Middle Name

Last Name

Previous Legal Name

Year Changed

Street Address

City

State

ZIP

Social Security Number

Date of Birth (month-day-year)

Driver's License Number

State

Previous Addresses...Most Recent First

City

State

ZIP

City

State

ZIP

City

State

ZIP

City

State

ZIP

Client Name (Requester)

Account#

Location

Voice Telephone Number

FAX Telephone Number

SSN-> ● Felony-> ● NCRF-> ●

I have read, understood and agree to the following: The background information that I supply in connection with my employment application will be verified by Hawaii Pacific Health; ChoicePoint Services Inc.; and mutual associations to insure that the information that I provide is accurate in every way. The information to be verified includes any and all information supplied on any application form or resume, and information provided in any conversation or interview with any employee of Hawaii Pacific Health. This may include discussions with references (personal or business) that I provide. I authorize Hawaii Pacific Health and its agents to conduct a thorough inquiry into all areas deemed necessary to arrive at a hiring decision: all employment, educational, driving, credit reports and criminal public record information relating to my application may be examined. I specifically release former employers, criminal information repositories and courts, schools, law enforcement agencies, local, personal and professional references and credit bureaus from any liability so that they may freely and completely respond to any inquiry relating to my application for employment with Hawaii Pacific Health.

Signed _____ Date _____



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Employee Health Requirements for New Volunteers

TB Clearance

Entry 2-step TB skin test;

- OR a TB skin test done within the last year and the second one done within 3 months
- OR documentation of positive TB skin test (date and size in mm), date and results of follow-up chest x-ray after positive TB skin test conversion, and date of completed TB questionnaire.

Screening for Airborne Diseases

- During your visit to Employee Health a blood test will be done to determine your immunity to certain airborne diseases (measles and chickenpox). You will be given a lab slip to go to Clinical Labs for your blood test (Lab is located on campus).
- For Healing Touch volunteers will be screened for Hepatitis B. If test shows that the volunteer is not immune, vaccines may be required.

Employee Health will provide TB skin tests free of charge.

Junior volunteers will be given TB tests *with written parental/guardian permission*.

Volunteers who require chest x-ray will be referred to Lihue Department of Health.

If you have any documentation of a current TB test or chest x-ray done within the last year, or previous immunizations to measles, chickenpox or Hepatitis B, please bring those records with you to your Employee Health appointment.

Please call Wilcox Employee Health to schedule an appointment.

Phone: 808-245-1249

Office Hours: Monday, Wednesday, Friday 7:00AM-3:30 PM