



Auxiliary Membership Application

First Name _____ **Last Name** _____ **MI** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Date of Birth** _____

Email: _____

Florida Resident: **Yes** **No** **Gender:** **Male** **Female**

Are you presently or in the past been convicted of a crime and/or released from confinement following a conviction for any criminal offense? Yes No

(If yes give date, place and nature of each such conviction) _____

Personal References:

Name _____ **Phone** _____

Name _____ **Phone** _____

Emergency Contacts:

Name _____ **Phone** _____

Name _____ **Phone** _____



Employment History (past 7 years)

Company _____	Address _____	Date From: _____	Date to: _____
Company _____	Address _____	Date From: _____	Date to: _____
Company _____	Address _____	Date From: _____	Date to: _____
Company _____	Address _____	Date From: _____	Date to: _____

Education (highest level completed):

Special Skills:

Community Affiliations/Experience

Why are you interested in volunteering at this hospital?

Have you had prior hospital volunteer experience?

(If yes, when and where)

How did you hear about our Auxiliary?

I understand that yearly dues are \$8.00 and that (Central Florida Regional Hospital Auxiliary, Inc., is operated independently by its Board of Directors and members; dues are collected by the Auxiliary, not the hospital.)

I HEREBY APPLY FOR MEMBERSHIP AND AGREE TO COMPLY WITH ALL RULES, BY-LAWS, AND POLICIES OF THE AUXILIARY.

Signature

Date

Confidentiality and Security Agreement

I understand that the facility or business entity (the "Company") for which I work, volunteer or provide services manages health information as part of its mission to treat patients. Further, I understand that the Company has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning information, or any information that contains Social Security numbers, health insurance claim numbers, passwords, PINs, encryption keys, credit card or other financial account numbers (collectively, with patient identifiable health information, "Confidential Information").

In the course of my employment/assignment at the Company, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with the Company's Privacy and Security Policies, which are available on the Company intranet (on the Security Page) and the Internet (under Ethics & Compliance). I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information or Company systems.

General Rules

1. I will act in the best interest of the Company and in accordance with its Code of Conduct at all times during my relationship with the Company.
2. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including email, in order to manage systems and enforce security.
3. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension, and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company's policies.

Protecting Confidential Information

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. I will not take media or documents containing Confidential Information home with me unless specifically authorized to do so as part of my job.
2. I will not publish or disclose any Confidential Information to others using personal email, or to any Internet sites, or through Internet blogs or sites such as Facebook or Twitter. I will only use such communication methods when explicitly authorized to do so in support of Company business and within the permitted uses of Confidential Information as governed by regulations such as HIPAA.
3. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized. I will only reuse or destroy media in accordance with Company Information Security Standards and Company record retention policy.
4. In the course of treating patients, I may need to orally communicate health information to or about patients. While I understand that my first priority is treating patients, I will take reasonable safeguards to protect conversations from unauthorized listeners. Such safeguards include, but are not limited to: lowering my voice or using private rooms or areas where available.
5. I will not make any unauthorized transmissions, inquiries, modifications, or purgings of Confidential Information.
6. I will not transmit Confidential Information outside the Company network unless I am specifically authorized to do so as part of my job responsibilities. If I do transmit Confidential Information outside of the Company using email or other electronic communication methods, I will ensure that the Information is encrypted according to Company Information Security Standards.

Following Appropriate Access

1. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
2. I will only access software systems to review patient records or Company information when I have a business need to know, as well as any necessary consent. By accessing a patient's record or Company information, I am affirmatively representing to the Company at the time of each access that I have the requisite business need to know and appropriate consent, and the Company may rely on that representation in granting such access to me.

Using Portable Devices and Removable Media

1. I will not copy or store Confidential Information on removable media or portable devices such as laptops, personal digital assistants (PDAs), cell phones, CDs, thumb drives, external hard drives, etc., unless specifically required to do so

- by my job. If I do copy or store Confidential Information on removable media, I will encrypt the information while it is on the media according to Company Information Security Standards
2. I understand that any mobile device (Smart phone, PDA, etc.) that synchronizes company data (e.g., Company email) may contain Confidential Information and as a result, must be protected. Because of this, I understand and agree that the Company has the right to:
 - a. Require the use of only encryption capable devices.
 - b. Prohibit data synchronization to devices that are not encryption capable or do not support the required security controls.
 - c. Implement encryption and apply other necessary security controls (such as an access PIN and automatic locking) on any mobile device that synchronizes company data regardless of it being a Company or personally owned device.
 - d. Remotely "wipe" any synchronized device that: has been lost, stolen or belongs to a terminated employee or affiliated partner.
 - e. Restrict access to any mobile application that poses a security risk to the Company network.

Doing My Part – Personal Security

1. I understand that I will be assigned a unique identifier (e.g., 3-4 User ID) to track my access and use of Confidential Information and that the identifier is associated with my personal data provided as part of the initial and/or periodic credentialing and/or employment verification processes.
2. I will:
 - a. Use only my officially assigned User-ID and password (and/or token (e.g., SecurID card)).
 - b. Use only approved licensed software.
 - c. Use a device with virus protection software.
3. I will never:
 - a. Disclose passwords, PINs, or access codes.
 - b. Use tools or techniques to break/exploit security measures.
 - c. Connect unauthorized systems or devices to the Company network.
4. I will practice good workstation security measures such as locking up diskettes when not in use, using screen savers with activated passwords, positioning screens away from public view.
5. I will immediately notify my manager, Facility Information Security Official (FISO), Director of Information Security Operations (DISO), or Facility or Corporate Client Support Services (CSS) help desk if:
 - a. my password has been seen, disclosed, or otherwise compromised;
 - b. media with Confidential Information stored on it has been lost or stolen;
 - c. I suspect a virus infection on any system;
 - d. I am aware of any activity that violates this agreement, privacy and security policies; or
 - e. I am aware of any other incident that could possibly have any adverse impact on Confidential Information or Company systems.

Upon Termination

1. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.
2. Upon termination, I will immediately return any documents or media containing Confidential Information to the Company.
3. I understand that I have no right to any ownership interest in any Confidential Information accessed or created by me during and in the scope of my relationship with the Company.

By signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Employee/Consultant/Vendor/Office Staff Signature	Facility Name and COID CFRH / 30953	Date
Employee/Consultant/Vendor/Office Staff Printed Name	Business Entity Name HCA	



Auxiliary and Junior Volunteer Release of Liability

I _____, agree and understand that Central Florida Regional Hospital will provide me with emergency first aid in case of sudden illness, accident or injury while participating in the Volunteer program. In the event I receive medical treatment from the hospital, I agree that I am responsible for the cost of the treatment. For Junior Volunteers efforts will be made to contact my Emergency Contact's immediately and before any non-emergency medical treatment.

Applicant Signature

Date

Printed name of Volunteer

**Parent/Guardian Signature
If Junior Volunteer**

Date



Volunteer Pledge of Commitment

I will consider all information confidential which I may hear directly or indirectly concerning a patient, physician or any member of the hospital staff and I will not seek information in regard to a patient.

I agree to commit to at least 60 hours per year to volunteer at Central Florida Regional Hospital. I will uphold the standards and traditions of the hospital as they are expressed in its Mission Statement and that of the Auxiliary.

The purpose of the volunteer program is to provide an opportunity to experience working in a hospital environment and provide needed services and assistance to the hospital staff, patients and visitors. The program is not meant for the purpose of job or career training, nor is it meant to lead to paid employment at Central Florida Regional Hospital.

Signature _____ Date _____

Central Florida Regional Hospital - HCA - Jr.Volunteers # 7603
VOLUNTEER INFORMATION

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Email address: _____ (Provide if you prefer to receive information via email)

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

*Have you ever been convicted of a crime? Yes No (Please attach a separate sheet of paper to provide additional entries)

Offense _____ County _____ State _____ When _____

Offense _____ County _____ State _____ When _____

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

(Please attach a separate sheet of paper to provide additional entries)

1. City: _____ State: _____ Date From: _____ Date To: _____

2. City: _____ State: _____ Date From: _____ Date To: _____

3. City: _____ State: _____ Date From: _____ Date To: _____

4. City: _____ State: _____ Date From: _____ Date To: _____

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 _____

Parent/Guardian Signature: _____ Date _____

¹ The Age Discrimination in Employment Act of 1987 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.

Central Florida Regional Hospital - HCA - Jr.Volunteers # 7603
VOLUNTEER DISCLOSURE & AUTHORIZATION

APPLICANT'S FULL NAME _____
 Any Other Names Used _____
 Social Security No. ____ / ____ / ____ Date of Birth¹ _____
 Current Address _____
 City _____ State _____ Zip _____
 Driver's License State _____ D.L. Number _____
 Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") 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 volunteering with the Company to the extent permitted by law.

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 volunteering, 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.

My present employer may be contacted for a job reference. Yes No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

www.PreCheck.com info@precheck.com
 ph: 800-999-9861 fax: (800) 207-2778

Nevada Private Investigator License # 1618

Ver0813



**Employee/Contract Employee/Volunteer
Confidentiality Statement Policy & Procedure**

Acknowledgement Of Policy

It is the policy and obligation of Central Florida Regional Hospital to keep in strict confidence all that pertains to any patient and any patient's affairs. Every person holding any employment or voluntary position with Central Florida Regional Hospital shares this obligation. Therefore, information regarding the diagnosis, condition and treatment of patients is confidential and may be disclosed only by persons specifically authorized to do so. Non-medical information of a personal nature is equally as confidential. Discussions of such information by Employees Contract Employees and Volunteers are prohibited. Any Employee, Contract Employee or Volunteer who violates this confidentiality policy may be immediately dismissed.

All patient related communication between Employees, Contract Employees, Volunteers and Medical Staff should be respected and held with the same degree of confidentiality as information regarding patients.

I _____, understand and acknowledge the policy statement of Central Florida Regional Hospital regarding confidentiality. I recognize the importance of this statement, and I understand that a copy of this document will be signed and kept on file.

Signature

Date

Printed Name of Volunteer

**Parent/Guardian Signature
If Junior Volunteer**

Date



Auxiliary and Junior Volunteer Policies and Rules Agreement

I _____, have read and understand the Auxiliary and/or Junior Volunteer Policies and Rules. By signing this statement, I agree to comply with the Policies and Rules. I understand that by not complying I may be dismissed from the program.

Applicant Signature

Date

Printed name of Volunteer

**Parent/Guardian Signature
If Junior Volunteer**

Date



Thank you for your interest in becoming a volunteer with the Central Florida Regional Hospital Auxiliary. Volunteers are very special members of our hospital's team.

The purpose of the volunteer program is to provide an opportunity to experience working in a hospital environment and provide needed services and assistance to the hospital staff, patients and visitors. The program is not meant for the purpose of job or career training, nor is it meant to lead to paid employment at Central Florida Regional Hospital.

We prefer applicants to commit to a minimum of one year to the Auxiliary.

Volunteer positions include:

- | | | |
|--------------------------|----------------------------------|-----------------------|
| CVICU Waiting Room | Company Care Office | Emergency Department |
| Gift Shop | Information Desk | Labor and Delivery |
| Helping Hands | Outpatient Surgery | Surgical Waiting Room |
| Transportation/Discharge | Trolley | Radiology Department |
| | Post Anesthetic Care Unit (PACU) | |

Please circle any of the above areas you would like to volunteer in.

Please check the times and the hours of that day you are available to work below:

Mon	_____	Hours Available	_____
Tue	_____	Hours Available	_____
Wed	_____	Hours Available	_____
Thu	_____	Hours Available	_____
Fri	_____	Hours Available	_____
Sat	_____	Hours Available	_____
Sun	_____	Hours Available	_____

Shirt Size : X-Small Small Med Large XLarge Other _____

Printed Name

Signature



Volunteering in a hospital can be very rewarding as well as educational. The quality of your volunteer experience, in any service area, depends on your own motivation and interest.

Service Areas Available Monday thru Friday 9 a.m.–5 p.m.

CVICU Waiting Room

Act as liaison between family members and medical staff, etc.

Company Care

Assist department in general clerical duties, copying and filing.

Helping Hands

Assist in socializing with patients, families and visitors. Assist patients by reading to them, watching TV, providing support to self-feeding patients, and calling loved ones as requested. Talking with patients and their families, deliver and check on ice water needs of patients that are not NPO and delivering blankets as requested.

Human Resources

Assist department staff with copying, filing, folding, creating packets, labeling and answering phones.

ICU/NSICU Waiting Room

Act as liaison between family members and medical staff.

Imaging/X-ray

Duties include assisting the Imaging staff with various departmental duties.

Out Patient Surgery

Assist nursing staff, make beds, and prepare patient charts.

Pacu

Assist nursing staff, by keeping families informed of patient status, and answer telephone.

Surgical Waiting Room

Act as liaison between family members and medical staff.



Auxiliary Service Area Summaries

Monday Thru Friday **During the Day**

CVICU Waiting Room

Act as liaison between family members and medical staff.

Company care

Assist department with copying, filing and general clerical duties.

Human Resource Department

Assist department with filing, copying, filing, folding, creating packets, labeling and answering phones.

OutPatient Surgery

Assist nursing staff, make beds, and prepare patient charts.

PACU

Assist nursing staff, by keeping families informed of patient's status, and answer telephone.

Surgical Waiting Room

Act as liaison between family members and medical staff.



Volunteering in a hospital can be very rewarding as well as educational. The quality of your volunteer experience, in any service area, depends on your own motivation and interest.

Service Areas Available Monday thru Friday 9 a.m.–5 p.m.

CVICU Waiting Room

Act as liaison between family members and medical staff, etc.

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Assist department in general clerical duties, copying and filing.

Helping Hands

Assist in socializing with patients, families and visitors. Assist patients by reading to them, watching TV, providing support to self-feeding patients, and calling loved ones as requested. Talking with patients and their families, deliver and check on ice water needs of patients that are not NPO and delivering blankets as requested.

Human Resources

Assist department staff with copying, filing, folding, creating packets, labeling and answering phones.

ICU/NSICU Waiting Room

Act as liaison between family members and medical staff.

Imaging/X-ray

Duties include assisting the Imaging staff with various departmental duties.



Service Areas Available Sunday to Sunday 9a.m.-8:30p.m.

Baby Suites

Assisting nurses with answering call lights, telephones and assisting arriving and departing visitors from unit.

Emergency Department

The Emergency Department can be either very slow or very busy, volunteers must be able to adjust to an unpredictable environment. Duties may include miscellaneous clerical duties, stocking supplies, retrieving medication from the pharmacy and assisting nurses and physicians with various duties. Being independent and self-motivated are required for this position. Hours are very flexible.

Gift Shop

Operate cash register, assist customers and stock supplies. Hours are Sunday through Sunday 9 a.m. until 5 p.m.

Information Desk

Greet all patients and visitors entering the hospital. Give directions, answer telephone, assist in delivering mail and flowers to hospital patients and assist in providing wheelchairs for patient and guests. Hours are Sunday through Sunday 9 a.m. until 8:30 p.m.

Transportation

Assist nurses in discharging patients to the lobby, transport patients from registration and the front desk to the floors. Deliver flowers and mail to hospital patients.

Trolley

Drive the golf cart to pick up and drop off visitors in the parking lot.