Auxiliary of HSHS St. Francis Hospital

Junior Volunteer Application

Name: _____

Address: _____ Email: _____
(Street) (City and Zip)

Home Phone: _____ Cell Phone: _____ Birthdate: _____ Grade Entering: _____

Parent/Guardian: _____ Phone (day) _____

Address: _____ Phone (evening) _____
(Street) (City and Zip)

In case of emergency, notify:

Name: _____ Phone: _____

Address: _____
(Street) (City and Zip)

Personal Physician: _____ Phone: _____

Vacation, work, band, camp, sports, and other commitments--include dates and times:

_____

_____

How many total hours a week do you want to work? (*maximum 20*) _____

Volunteer days preferred (*please circle*): M T W Th F Any

Time of day preferred (*please circle one*): morning hours afternoon hours Any

☐ I need to order a shirt: Circle size: S M L XL XXL

Coordinator: Payment of $_____ received on (date) _____

☐ I have a shirt. ___

Signature of Applicant: _____ Date: _____

List any special information for the Junior Volunteer Coordinator:

MINOR AND PARENT/GUARDIAN CONSENT

FOR JUNIOR VOLUNTEER HEALTH SCREENING

HSHS St. Francis Hospital requires a health screening for anyone volunteering in the hospital. This screening consists of a review of immunization status by an HSHS St. Francis Hospital health services nurse, and a lab test for Tuberculosis (TB) screening.

Immunization Record

The minor's childhood immunization record must reflect receipt of two MMR vaccines, three Hepatitis B vaccines and a two Varicella (Chicken Pox) Vaccine, or proof of having Chicken Pox.

TB Test

The TB test (Quantiferon) can be performed in the HSHS St. Francis Hospital laboratory from Monday, May 22 through Friday, May 26 during the hours of 7 a.m. to 7 p.m. A parent/guardian must accompany the minor and bring the signed consent form. The deadline for the test is Friday, May 26.

Questions

Any questions regarding the required health screenings should be directed to Tera Scroggins at tera.scroggins@hshs.org or (217) 324-8264.

I, the undersigned, give my consent for my son/daughter, _____

a minor (under 18 years of age), to have the health screening required by HSHS St. Francis Hospital as a condition of volunteering as a Junior Volunteer.

_____ _____

Signature of Parent/Guardian Date

I hereby give my consent for the above-named procedures to be performed as a condition of my volunteering as a Junior Volunteer at HSHS St. Francis Hospital.

_____ _____

Signature of Minor Date

Hospital Sisters
HEALTH SYSTEM

Confidentiality Agreement

I understand that Hospital Sisters Health System ("HSHS"), including its Local Systems and Affiliates, has a legal and ethical responsibility to safeguard the privacy and security of all patients and the confidentiality of their protected health information. This responsibility includes but is not limited to all data related to HSHS People Services, payroll, fiscal, research, computer systems, and any protected health information ("Confidential Information".) Therefore, I understand my employment/assignment of services with HSHS is contingent upon my agreement that:

1. During the course of my employment/assignment with HSHS, I recognize that I may become aware of Confidential Information in verbal, written, or electronic form and that I may have additional responsibilities for protecting Confidential Information.
2. I will not disclose Confidential Information to unauthorized parties or access any Confidential Information not required to do my job. This means not accessing my own, my friends, my family, or co-workers Confidential Information without proper consent and authorization.
3. I will not share my personal access code(s), user ID(s), or password(s) or knowingly use or try to learn another person's personal access code, user ID, or password for any reason.
4. If I have electronic signature capabilities, I certify that my user ID and password represent my signature and carry all the ethical and legal implications of a written signature. I will not disclose this password to anyone for any reason.
5. I understand that all of my actions on HSHS information systems, including HSHS provided email accounts, are the property of HSHS and are subject to audit without regard to my privacy.
6. I will lock or log off any workstation prior to leaving it unattended for more than 10 minutes.
7. I will not make any unauthorized transmissions, e-mails, inquiries, or modifications of Confidential Information. I will not remove any Confidential Information from any HSHS facility without proper authorization.
8. I will safeguard Confidential Information from intentional or unintentional unauthorized access, modification, loss, destruction or disclosure.
9. I will comply with all HSHS HIPAA Privacy and Security policies.
10. I will comply with the HSHS Colleague Social Networking policy.
11. I will immediately report to my supervisor, the HIPAA Privacy Officer, or the HIPAA Security Officer any activity that is a violation of this agreement or a violation of any HSHS HIPAA Privacy or Security policies.
12. I will immediately take steps to change my password if I have reason to believe the confidentiality of it has been compromised.
13. Upon termination of my employment or assignment with HSHS, I will immediately return any documents, equipment, or other media containing Confidential Information to HSHS. I also agree to turn over any keys, access cards, or any other devices that would provide access to any HSHS facility or its information.
14. I understand that my obligations under this Agreement will continue after the termination of my employment or assignment.
15. I understand that violation of this Agreement will result in disciplinary action, up to and including suspension, loss of privileges, and/or termination of employment or assignment and I may be subject to criminal and/or civil prosecution in the event I circumvent any of the above.

My signature below acknowledges that I agree to and will abide by these provisions and that I will only access HSHS information systems for authorized patient care or business functions according to HSHS policies.

JV Name (Print) _____ Signature _____

Parents Signature _____ Date Signed

This signed document is to be kept on file by People Services.