

**KAWEAH DELTA HEALTH CARE DISTRICT GUILD
MEMBERSHIP APPLICATION**

APPLICANTS MUST BE THIRTY (30) YEARS OF AGE OR OLDER

Name: _____ D.O.B. (MM/DD/YY) _____

Phone (Home): _____ Phone (Cell): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Do you have any physical disability that might prevent you from efficiently and safely performing the service that you may choose? Yes No

Would you object to having a background check? Yes No TB test? Yes No Flu Shot? Yes No

Background checks, TB tests, and flu shots are mandatory. (District Policy)

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If yes, please explain.

Do you speak or write a foreign language? Yes No If yes, which language? _____

Are you now employed or attending school? Yes No If yes, where? _____

Are you now or have been a volunteer in other organizations? Yes No If yes, where?

What type of volunteer work? _____

Please list community organizations, clubs, etc. to which you belong and any offices held.

Were you recommended by a Guild Member? Yes No If yes, list name of Guild Member. _____

Please submit a letter of recommendation from that member. If no, please submit two (2) letters of recommendation.

Shifts willing to work: Mornings Afternoons

TRAINING, EXPERIENCE & INTERESTS

Please check the following that apply

Office skills

Accounting/cashier

Writing

Publicity

Patient contact

Receptionist

Sewing

Telephoning

Name of person to notify in case of an emergency: _____ Phone # _____

PROVISIONALS

All prospective members should attend all general meetings after orientation. Membership will become effective after the prospective member has trained the number of hours set by the governing board, met all requirements, and has been elected to membership. Meetings are held on the first Tuesday of each month at 10 a.m., with the exception of June, July and August.

I understand that all hospital volunteers must have two (2) TB tests or chest x-ray before being elected to membership. I understand that punctual and dependable attendance is a requirement of my chosen service or services.

Your application and letters of recommendation must be submitted to the Provisional Chairman at least five (5) days prior to the Orientation class. Orientation classes will be held twice annually, in spring and fall.

Signature: _____

Please return application and recommendation letters to: _____



ETHICS GUIDELINES AGREEMENT

If accepted as a Guild volunteer, I agree to the following:

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
2. My services are donated to the district without contemplation of compensation or future employment, but for humanitarian or charitable reasons.
3. I understand it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies on district property, or act as a runner capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the district executive director.
4. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political or religious material on district premises, unless I receive the expressed authorization of the district director to engage in these activities.
5. I shall, if requested, submit to examinations, which may include chest x-ray, skin tests, appropriate laboratory test and/or immunizations that may be necessary as part of my volunteer service. If requested, I hereby authorize my doctor (s) to furnish the district information concerning my health. I also authorize the person (s) making x-ray films to report the results to the district.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and considerate of others, and endeavor to make my work professional in quality.
7. I shall attempt to resolve any problems related to my volunteer activities with my chairman, and if unsuccessful, attempt to resolve such problems in the manner put forth by the Guild.
8. I shall make my best effort to fulfill my commitment to the district by completing all assignments that I accept.
9. I shall, at all times, uphold the philosophy and standards of the district.
10. I understand that the Guild Board of Directors reserves the right to terminate my volunteer status as a result of (a) failure to comply with district policies, rules and regulations, (b) absences without prior notification, (c) unsatisfactory attitude, work appearance, (d) or any other circumstances which, in the judgment of the Ethics Committee, would make my continued service as a volunteer contrary to the best interest of the district.

I have read each of the above regulations and I agree to be bound to them.

Volunteer signature:

Date:

I agree that I have explained each of the conditions of volunteer services to the applicant who has signed this form, and that I have witnessed the applicant's signature.

Provisional Chairman signature:

Date:

FOR PROVISIONAL CHAIRMAN

Fee received _____ TB Test Negative Positive TB Test Negative Positive