



Dear Volunteer Applicant,

Thank you for your interest in the Volunteer Services Program in the CHRISTUS Santa Rosa Health System. To continue each community's spirit of giving, we invite you to "catch the volunteer spirit" at one of our facilities listed below:

CHRISTUS Santa Rosa Hospital – Alamo Heights
CHRISTUS Santa Rosa Hospital – Medical Center
CHRISTUS Santa Rosa Hospital – New Braunfels
CHRISTUS Santa Rosa Hospital – San Marcos
CHRISTUS Santa Rosa Hospital – Westover Hills

Prior to beginning your volunteer experience, you must complete the following steps:

- Complete and sign the application and volunteer disclosure form.
- Have each reference form completed and signed by a credible colleague other than a family member.
- Please call to set up an interview and submit the application. See the appropriate representative below.
- A background check will be conducted. By signing the volunteer disclosure/release form, you have given us permission to perform this mandatory check.
- You will need to meet with our occupational health nurse for a tuberculosis test and during flu season, receive a flu shot. At that time, submit a copy of your immunization records. A health clearance is needed from the nurse before volunteering.
- Attend the mandatory volunteer orientation session(s).

We look forward to welcoming you to CHRISTUS Santa Rosa Health System. Please see below for contact information regarding Orientation dates and TB health screening at the facility of your choice.

CHRISTUS Santa Rosa Hospital – Alamo Heights, Medical Center, New Braunfels, San Marcos:

Ana Devries

phone: 830.643.6126

rosa.devries@christushealth.org

CHRISTUS Santa Rosa Hospital - Westover Hills:

Stephanie Phelps-Navarro

phone: 210.703.8006

stephanie.phelpsnavarro@christushealth.org

Sincerely,

Volunteer Services Staff

Information for service area placement:

Are you able to push a wheelchair? _____yes _____no

Are you able to be on your feet for four hours? _____yes _____no

Do you have a service area preference? _____yes _____no

If yes, please provide information: _____

Have you ever committed, been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor?

_____no _____yes, please explain _____

Personal References: Please instruct two [2] persons to complete the attached personal reference forms. DO NOT include relatives. You may use employers, co-workers, church members, etc. Return with the application.

What do you hope to gain from your volunteer experience? _____

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way, I will be dismissed without notice regardless of when the false information is discovered.

As a CHRISTUS Santa Rosa Health System volunteer:

- I am at least 18 years of age.
- I agree to attend the volunteer orientation and train until I am competent to perform the required duties.
- I agree to comply with all the rules and regulations of the hospital and the Volunteer Department.
- I understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines.
- I agree to call my department supervisor or volunteer coordinator as soon as possible when I have scheduling changes.
- I agree to purchase and wear the required uniform during volunteer duties and trainings.
- I agree to commit to at least 100 volunteer hours in the initial year from the start date.
- I agree to complete the tuberculosis screening and annually thereafter.
- I agree to receive flu vaccine annually.
- I agree to complete annual volunteer competencies.



Confidentiality:

It is the belief of CHRISTUS Santa Rosa Health System that all medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore, volunteers may look at, use, or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I hereby acknowledge and understand that, as a CHRISTUS Santa Rosa Health System volunteer, I am not an employee of CHRISTUS Santa Rosa Healthcare or entitled to any pay or benefits.

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and CHRISTUS Santa Rosa Health System.

I certify that all information set forth in this application submitted to CHRISTUS Santa Rosa Health System Volunteer Department is true, correct, and complete.

Signature: _____ Date: _____

To volunteer at CHRISTUS Santa Rosa Hospital-
Alamo Heights New Braunfels
Medical Center San Marcos

Please return completed application to:
CHRISTUS Santa Rosa Hospital-New Braunfels
Attn: Ana Devries
Volunteer Services Department
600 North Union
New Braunfels, Texas 78130
rosa.devries@christushealth.org
NB Office: (830) 643-6126

To volunteer at CHRISTUS Santa Rosa -
Westover Hills

Please return completed application to:
CHRISTUS Santa Rosa Hospital-Westover Hills
Attn: Stephanie Phelps-Navarro
Volunteer Services Department
11212 State Hwy. 151
San Antonio, Texas 78251
stephanie.phelpsnavarro@christushealth.org
WH Office: (210) 703-8006

Thank you for your interest in becoming a CHRISTUS Santa Rosa Health System volunteer.
Prior to submitting your application, please contact our office staff to schedule a personal interview.
We look forward to meeting you.

Volunteer Disclosure and Release

Pursuant to the requirements of the Fair Credit Reporting Act (FCRA), notice is given that a **consumer report*** may be made in connection with your application for volunteer work or at any time thereafter. If you are denied volunteer work, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below, you consent to the procurement of a **consumer report*** in connection with your application for volunteer work. **Failure to provide the information requested below will result in the suspension of your application from active consideration.**

Volunteer's Name (printed): _____ Phone No. _____

Social Security Number: _____

Date of Birth*: ____/____/____

Volunteer's Other Last Names (if applicable): _____

Volunteer Signature: _____

**for consumer report purposes only*

List all cities, states and counties you lived in over the last seven years.

	City	State	County
1.			
2.			
3.			

I certify that all the information provided by me on this disclosure is true, correct and complete. I have not withheld any information requested on this volunteer disclosure.

Volunteer's Signature

Today's Date

**A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charge. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.*



Name of Volunteer Applicant: _____

Reference No. 1

Name of Reference: _____

What is the best way to reach you should Volunteer Services have questions?

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

I am not a relative of this applicant. True False

What do you believe to be his/her greatest strengths? _____

Are you aware of any weaknesses in this applicant? _____

Please tell us about this person's work ethic. _____

Please add any additional comments that you would like to make on behalf of this applicant.

Signature of Reference

Date

Thank you for taking the time to recommend this applicant to the CHRISTUS Santa Rosa Volunteer Services Department.



Name of Volunteer Applicant: _____

Reference No. 2

Name of Reference: _____

What is the best way to reach you should Volunteer Services have questions?

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

I am not a relative of this applicant. True False

What do you believe to be his/her greatest strengths? _____

Are you aware of any weaknesses in this applicant? _____

Please tell us about this person's work ethic. _____

Please add any additional comments that you would like to make on behalf of this applicant.

Signature of Reference

Date

Thank you for taking the time to recommend this applicant to the CHRISTUS Santa Rosa Volunteer Services Department.