



Dear Potential Volunteer,

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:

Hospitals:

Children's Hospital of San Antonio
CHRISTUS Santa Rosa – Alamo Heights
CHRISTUS Santa Rosa – Medical Center
CHRISTUS Santa Rosa – Westover Hills
CHRISTUS Santa Rosa – New Braunfels

Physicians Ambulatory Surgery Centers:

CHRISTUS Santa Rosa PASC – Stone Oak
CHRISTUS Santa Rosa PASC – Ewing Halsell
CHRISTUS Santa Rosa PASC – Quarry
CHRISTUS Santa Rosa PASC – New Braunfels

Prior to beginning your volunteer work, 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 before returning all forms to the Volunteer Services Department or by fax. All San Antonio locations, fax to 210-704-2807 or for New Braunfels, fax to 830-620-5120.
- 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 record. 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. Please see below for contact information regarding Orientation dates and TB health screening at the facility of your choice.

CHRISTUS Santa Rosa Hospital - Medical Center, Westover Hills:

Peggy Swanstrom
phone: 210.703.8006
fax: 210.704.2807
peggy.swanstrom@christushealth.org

CHRISTUS Santa Rosa Hospital - New Braunfels, PASC or The Children's Hospital of San Antonio:

Ana Devries
phone: 210.704.2109
fax: 210.704.2807
rosa.devries@christushealth.org

Sincerely,
Volunteer Services

Work Experience:

<input type="checkbox"/> Administrative	<input type="checkbox"/> Clerical	<input type="checkbox"/> Computer
<input type="checkbox"/> Marketing	<input type="checkbox"/> Retail/Merchandising	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Nursing	<input type="checkbox"/> Teaching	<input type="checkbox"/> Arts/Crafts/Music
<input type="checkbox"/> Finance/Bookkeeping	<input type="checkbox"/> Other: _____	

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 list two [2] references. DO NOT include relatives. Please see attached personal reference sheets:

1. Name: _____ Phone: (_____) _____

2. Name: _____ Phone: (_____) _____

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 Hospital Health System volunteer, I:

- agree to attend the volunteer orientation and train until I am competent to perform the required duties
- agree to comply with all the rules and regulations of the Hospital and the Volunteer Department
- understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines
- agree to call my department supervisor or volunteer coordinator as soon as possible when I have scheduling changes
- agree to commit to at least 100 volunteer hours per year from starting date
- agree to complete the tuberculosis screening

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 –
Alamo Heights
The Children’s Hospital of San Antonio
PASC: Stone Oak; Ewing Halsell; Quarry
Please return completed application to:
CHRISTUS Santa Rosa Healthcare
Attn: Ana Devries, Manager
Volunteer Services Department
333 N. Santa Rosa Street
San Antonio, Texas 78207
rosa.devries@christushealth.org
210-704-2109
210-704-2807 Fax

To volunteer at
CHRISTUS Santa Rosa Hospital -
New Braunfels
PASC: New Braunfels
Please return completed application to:
CHRISTUS Santa Rosa Hospital –
New Braunfels
Attn: Ana Devries
Volunteer Services Department
600 N. Union Avenue
New Braunfels, Texas 78130
rosa.devries@christushealth.org
830-620-5603
830-620-5120 Fax

To volunteer at CHRISTUS Santa Rosa
Medical Center
Westover Hills
Please return completed application to:
CHRISTUS Santa Rosa Hospital-Westover Hills
Attn: Peggy Swanstrom
Volunteer Services Department
11212 State Hwy. 151
San Antonio, Texas 78251
peggy.swanstrom@christushealth.org
210-703-8006
210-704-2807 Fax

Thank you for your interest in becoming a CHRISTUS Santa Rosa Health System Volunteer. Upon receipt of your application, our office staff will contact you to schedule a personal interview. We look forward to meeting you in the near future.



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.



VOLUNTEER DISCLOSURE/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 anytime 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 # _____

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 lived in for the last **seven years**.

	City	State	County
1.			
2.			
3.			

I certify that all of 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.