



NEW MEMBER/VOLUNTEER APPLICATION FORM

PLEASE PRINT LEGIBLY

Mr. Mrs. Ms. Dr. Other

| | | | | |
|--------------|------------|------------|--------|----------------|
| Last Name | | First Name | | Middle Initial |
| Home Address | | | E-mail | |
| Home Phone | Work Phone | | Mobile | |

EMERGENCY DATA

In case of emergency notify:

| | | | |
|-------|--|-----------------|--|
| Name | | Relationship | |
| Phone | | Alternate Phone | |

WORK EXPERIENCE

| | | | |
|-----------|---|--|--|
| Employer | Address | | |
| Job Title | May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

LICENSES

| | | |
|----------------------|--------|-----------------|
| Driver's License | Number | Expiration Date |
| Professional License | Number | Expiration Date |
| | Type | |

EDUCATION

| |
|-------------------|
| Last Grade/Degree |
|-------------------|

VOLUNTEER EXPERIENCE (List any current or past community service involvement)

| ORGANIZATION | JOB TITLE |
|--------------|-----------|
| | |
| | |
| | |

PERSONAL REFERENCES (List two persons, other than family, who knows your qualifications. These references may be checked.)

| | |
|---------|---------|
| Name | Name |
| Address | Address |
| Phone | Phone |

SKILLS/INTERESTS (List any skills you have)

Do you know another language?

Spanish French Sign Other (state) _____
 Read, Write and Speak Fluently Read only Speak only

As a volunteer, you would like to:

- | | |
|--|--|
| <input type="checkbox"/> Assist with FBHC special projects | <input type="checkbox"/> Assist nurses on wards with patient morale (Playing games or reading with/to patients, feeding & folding bandages etc.) |
| <input type="checkbox"/> Provide leadership on FBHC subcommittee | <input type="checkbox"/> Provide Clerical support at the Hospital |
| <input type="checkbox"/> Assist with FBHC Public Relations activities | <input type="checkbox"/> Provide Administrative support for the FBHC |
| <input type="checkbox"/> Assist with social media & online awareness initiatives | <input type="checkbox"/> Work with the HR Department at the FBHC |
| <input type="checkbox"/> Respond to national disasters | |
| <input type="checkbox"/> Other | |

AVAILABILITY Please note when you are available to volunteer (where applicable)

| | | | | | |
|-------------------------------|------------------------------|------------------------------|------------------------------------|--|--|
| DAYS | | | TIMES | | |
| <input type="checkbox"/> SUN | <input type="checkbox"/> WED | <input type="checkbox"/> SAT | <input type="checkbox"/> MORNING | | |
| <input type="checkbox"/> MON | <input type="checkbox"/> THU | | <input type="checkbox"/> AFTERNOON | | |
| <input type="checkbox"/> TUES | <input type="checkbox"/> FRI | | <input type="checkbox"/> EVENING | | |

DURATION

- Short Term
 Long Term
 On-Going
 Other (specify) _____

FRIENDS OF BUSTAMANTE HOSPITAL FOR CHILDREN (FBHC) CODE OF CONDUCT

The Friends of Bustamante Hospital for Children (FBHC) is a charitable, not-for-profit organization dedicated to providing assistance to the patients and staff of the BHC. The FBHC has traditionally demanded and received the highest ethical performance from its members and volunteers. In an effort to maintain the highest standard of conduct expected and deserved by the public and to enable the organization to continue to offer services required by those in need, the FBHC operates under the following code of conduct, applicable to all members and volunteers.

Membership in the FBHC is for the purpose of assisting and enriching the BHC and the lives of those who depend on this facility. Personal gains are therefore spiritual in nature and as such members of FBHC may not publicly utilize any FBHC affiliation in the promotion of partisan politics, religious matters or business positions, except in the furtherance of the interests of the FBHC.

CODE OF CONDUCT

No Member/Volunteer shall

- Authorize the use of, or use the benefit or advantages of any person, the name, emblem, endorsements, services or property of the FBHC except in conformance with the policies of the FBHC.
- Accept or seek on behalf of himself/herself or any other person any financial gain of other than nominal value (of work or goods proffered) which may be offered as a result of the member/volunteer's affiliation with the BHC/FBHC.
- Disclose any confidential FBHC/BHC information that is available solely as a result of the volunteer's affiliation with the FBHC to any person or organization not authorized to receive any such confidential information without the expressed authorization of the FBHC/BHC.
- Knowingly take any action or make any statement intended to influence the conduct of the FBHC in such a way as to confer any financial benefit on any person, corporation or entity in which the member/volunteer has a significant interest or affiliation.
- Operate or act in any manner that is contrary to the best interest of the FBHC/BHC.

In the event that the member/volunteer's obligation to operate in the best interest of the FBHC conflicts with the interest of any organization in which the individual has a financial interest or an affiliation, the individual shall disclose such conflict to the FBHC upon becoming aware of it, shall absent himself/herself from the room during deliberations of the matter, and shall refrain from participating in any decisions or voting in connection with the matter.

STATEMENT OF UNDERSTANDING AND CODE OF CONDUCT CERTIFICATION

| | |
|--------------------------|--|
| <input type="checkbox"/> | I understand that this is a volunteer position and not a contract of employment. I further agree that as a FBHC/BHC member/volunteer, I may not accept payment for my services unless otherwise stated. I am responsible for any incidental costs such as meals and local transportation I may incur while volunteering unless otherwise stated. |
| <input type="checkbox"/> | As a member/volunteer I agree to abide by all rules and regulations of the Association of Friends of the Bustamante Hospital for Children. |
| <input type="checkbox"/> | I authorize verification of applicable licenses required for my member/volunteer assignment. |
| <input type="checkbox"/> | I affirm that, except as listed below, I have no financial interest or affiliation with any organization, which may have, interests that conflict with, or appear to conflict with the best interests of the FBHC. Should conflicts or apparent conflicts arise in connection with the affiliations listed below, I agree to refrain from participating in any deliberations, decisions or voting related to the matter. |
| <input type="checkbox"/> | I also agree, during the term of my affiliation with the FBHC, to report promptly to the Chairman of the FBHC, or his/her designee, any future situation that involves, or might appear to involve, me in any conflict with the best interests of the FBHC. |
| <input type="checkbox"/> | I certify that I have read and understand the Code of Conduct of the FBHC and agree to comply with it. |
| <input type="checkbox"/> | I certify that the statements made on this application are complete and accurate. |

Member/Volunteer Name

Title

Member/Volunteer Signature

Date