

# Mary Health of the Sick Convalescent and Nursing Hospital

2929 Theresa Drive, Newbury Park, CA 91320

Office 805-498-3644 – Fax 805-498-5112



## VOLUNTEER REGISTRATION FORM

All information is required for application to be processed – Thank you!

Full Name:	Date:
Address:	
Email:	Phone:
California Drivers License:	

If volunteer hours are required by school, agency or program please fill in the following

Name of school, agency, program:	
Advisor's Name:	Phone:
Email:	Number of Hours Required:

### Under the age of 18 you must fill out the following information

Age:	Student ID number:
Parent Name:	Parent Phone:

Area you would like to volunteer

Resident Activities

Events

Development Office

How did you hear of Mary Health:
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*I agree that the above information is correct.*

Signature of Volunteer:	Date:
Signature of Parent or Guardian:	Date:

*If volunteer is under the age of 18. I give the above named person permission to participate in the volunteer program at Mary Health of the Sick and take full responsibility for their actions and certify that the above information is true and correct.*

EMERGENCY INFORMATION (In case of emergency please contact)

Name:	Relationship to you:
Best Contact Phone:	

**OATH OF CONFIDENTIALITY** Our facility's policy, as well as State and Federal legislation, require that patient confidentiality be maintained. It is the duty and responsibility of Mary Health of the Sick Convalescent and Nursing Hospital to assist in preserving the confidentiality and privacy of all residents. In practical terms, this means that employees and volunteers should ready and use *only* those records necessary to perform their individual job functions. Confidentiality of medical record information cannot be ignored or treated lightly. Repeated or in any way disseminating what has been seen in a record or heard about a resident is a serious offense and may have personal liability and legal penalties attached. Violation of policy constitutes grounds for disciplinary action that may include termination of your volunteer services.

Any questions or concerns regarding this issue should be directed to the Volunteer Coordinator or the Administrator.

I HAVE READ AND UNDERSTAND THE ABOVE.

Signature:	Date:
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Send form to [office@maryhealth.com](mailto:office@maryhealth.com) or mail to above address – form can also be found on [www.maryhealth.com](http://www.maryhealth.com)