



HOPE
—healthcare services—

HOPE HEALTHCARE SERVICES

VOLUNTEER APPLICATION – LICENSED APPLICANT

107 Park Place Blvd., Avon IN 46123 Phone: 317.272.0708 – Fax: 317.272.0918–
www.myhopehealth.org

Thank you for your interest in becoming a volunteer at Hope Healthcare Services. We want to make it as easy as possible for you to serve as a volunteer. Recognizing our high responsibility to our patients, we require that all who will be working with our patients either directly or indirectly undergo a background check and be able to sign our Statement of Faith as well as a Confidentiality Statement. *Volunteers are considered without regard to age, ancestry, race, gender, color, disability or national origin. All information provided will remain confidential.* For detailed information regarding current volunteer opportunities, please email us at jpm@kingswaycarecenter.org or visit our website at www.myhopehealth.org

Licensed Applicants will also be asked to fill out a Health Survey Form and A Release of Information Form.

****Please attach a copy of your current license and a CV****

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred Method of Contact (ie, phone, email, txt) _____

Previous Volunteer Experience: _____

TYPE OF VOLUNTEER WORK PREFERRED: (mark all that apply)

- Medical Provider Dental Provider
- Nursing Services Dental Support (Assistant/Hygiene)
- Spiritual Support/ Counseling
- Other

EMERGENCY CONTACT:

Name: _____ Phone: _____

Relationship: _____

CURRENT STATUS (mark all that apply)

- Private Practice FT
 Private Practice PT
 Public Institution
 HMO
 Military
 Retired
 Other _____

LICENSING & EDUCATIONAL INFORMATION

IN License Number _____ Expiration Date _____

NPI Number _____ Expiration Date _____

DEA Number _____ Expiration Date _____

Has your license in any jurisdiction been suspended, revoked, put on probation or not renewed? If yes, Please explain:

Non-Medical Certification _____ Foreign Language _____

Education & Post Medical School Education; Other Training Completed:

AVAILABILITY: Please indicate availability Example: 9 AM-11 AM

Morning/Afternoon/Evening

Morning/Afternoon/Evening

Monday

Thursday

Tuesday

Friday

Wednesday

Regular Volunteer Schedule

On-Call - As needed

#1 Professional or Personal Reference (Non-Related)

Name: _____ Phone: _____

Email address: _____ Relationship: _____

#2 Professional or Personal Reference (Non-Related)

Name: _____ Phone: _____

Email
Address _____ Relationship: _____

REQUIRED INFORMATION FOR ALL VOLUNTEERS

AS A CONDITION OF VOLUNTEERING, I give permission for Hope Healthcare Services to conduct background check(s) on me now and as long as I continue to be active with the organization. I understand that, if appointed, my position is conditional upon Hope Healthcare Services receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Hope Healthcare Services, the board of directors, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, HHS is not obligated to appoint me to a volunteer position. I also agree to uphold the mission of Hope Healthcare Services which is to worship God by meeting the needs of the underserved in our community in order to build bridges of faith in Jesus Christ.

Please fill out the attached Acknowledgement and Authorization form.

Signature: _____

Date: _____

VOLUNTEER PROTECTION ACT

In, 1997, Congress passed the Volunteer Protection Act (VPA). The law provides all volunteers (including clinician volunteers) of nonprofit organizations and government entities with protection from liability for certain harms caused by his/her acts or omissions while serving as a volunteer. As with practically all such state laws, volunteers show qualify for the VPA's protection are shielded from harm caused by simple negligence so long as it is within the scope of the volunteers duties. As with most state laws attempting to reduce volunteer liability, the law does not prevent people from bringing lawsuits nor does it provide for defense cost reimbursement to volunteers. (1)

Under the VPA, a properly licensed, volunteer clinician acting within his/her scope of duties in the nonprofit or governmental organization is protected from liability for simple negligence so long as the alleged misconduct does not fall into certain categories of exclusion. (e.g. a crime of violence or hate; a sexual offense or civil rights violation; or an act committed under the influence of alcohol). Even in situations in which the volunteer can be held liable (e.g. was grossly negligent), the VPA greatly limits the circumstances in which punitive damages can be awarded to those cases with clear and convincing evidence of willful or criminal conduct. It also restricts the amount of non-economic damages (pain and suffering) to the proportion of the volunteer's contributory responsibility for the resultant harm. (That is, if the volunteer is determined to be responsible for 20% of the harm done, then non-economic damages can equal no more than 20% of awarded damages.) However, the VPA does not place any limits on the amount of economic damages (e.g. medical expenses, lost wages) awarded to an injured person from a volunteer's gross negligence. The statute allows states, if they so choose, to impose further conditions on the limitations of liability. Accordingly, state laws could: (1) require volunteer programs to adhere to risk management procedures; (2) create vicarious liability on the part of the sponsoring volunteer program (that is, makes the volunteer program to be deemed liable for a volunteer's negligent acts); (3) make the liability limitation inapplicable if a suit is brought by state or local government; (4) make the liability limitation apply only if the sponsoring organization provides a financially secure source or recovery for harms caused by volunteers.

While the VPA preempts any state law that offers fewer protections, states can go beyond the protections afforded here through passage of state laws. Interestingly, there is a provision of the Volunteer Protection Act that permits individual states to pass specific legislation that would make the VPA provisions inapplicable in the specific circumstances where all parties to a lawsuit are residents of that state. If a state passes such a provision, then only its laws and not the VPA would govern. As of October 1, 2000, no state has chosen to opt out of the VPA protections.

If you would like further information on charitable immunity legislation, please contact VIH to request a copy of the Understanding Charitable Immunity Legislation: A Volunteers in Health Care guide.

