

Employment/Work Experience

List services in which you are interested in volunteering

- I affirm the information provided on this application is true and complete.
- I understand completion of this application does not guarantee a volunteer placement at MMC-NI.
- I understand as a MMC-NI volunteer I cannot accept gifts or gratuities for my services.
- I understand as a MMC-NI volunteer I am required to wear a volunteer jacket and hospital generated photo ID tag at all times while volunteering.
- I understand as a MMC-NI volunteer I am required to follow HIPAA regulations in regard to confidentiality and release of information in regard to patient, volunteer, employee information.
- I understand as a MMC-NI volunteer I am required to abide by health center and Volunteer Services policies and procedures.
- Criminal and child abuse background checks are run on all volunteers. I give Mercy Medical Center Volunteer Services department permission to check my criminal and child abuse backgrounds. I understand my enrollment as a volunteer is contingent on successful completion of the application process. I give my permission for the above-named references to release information on me, and for my criminal and child abuse history to be verified.

Typed Signature _____ Date _____

Mail to: Candace Moore, Director of Volunteer Service
Mercy Medical Center – North Iowa
1000 4th St SW
Mason City, IA 50401