



Employment/Work Experience

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List services in which you are interested in volunteering

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- 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.

Typed Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Candace Moore, Director of Volunteer Services  
Mercy Medical Center-North Iowa  
1000 4<sup>th</sup> St SW  
Mason City IA 50401