



# HOPE HEALTHCARE SERVICES

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[www.myhopehealth.org](http://www.myhopehealth.org)

## LICENSED APPLICANT VOLUNTEER APPLICATION

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 [kal@myhopehealth.org](mailto:kal@myhopehealth.org) or visit our website at [www.myhopehealth.org](http://www.myhopehealth.org)

**Licensed applicants will also be asked to fill out a Release of Information Form.**

**\*\*Please attach a copy of your current license and a resume or CV\*\***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Ceil Phone \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact (i.e., phone, email, txt) \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

**TYPE OF VOLUNTEER WORK PREFERRED: Please mark all that apply**

- Medical Provider     Dental Provider     Nursing Services     Dental Support
- Spiritual Support / Counseling     Other (Specify) \_\_\_\_\_

**REQUIRED INFORMATION FOR ALL VOLUNTEERS**

Have you ever been convicted of any crime? **Yes / No (circle one)**. If yes, please describe (include date and type of conviction). Crimes include misdemeanors and felonies. Do not report minor traffic violations. Driving under the influence is not considered a minor traffic violation and it should be reported.

\_\_\_\_\_



**The undersigned:**

1. Acknowledges they are not obligated to disclose sealed or expunged record of conviction or arrest.
2. Acknowledges and verifies that all information provided above is true and accurate and that they are the person named above.
3. Will supply the information necessary to authorize and enable HHS to perform a background investigation.
4. Acknowledges that information obtained through the background investigation will be used to determine whether volunteer service will be approved.

**Applicant Name (Please Print)** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

**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 who 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 noneconomic 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.



**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**CURRENT EMPLOYMENT STATUS (Please mark all that apply)**

- Private Practice - **Full-time** or **Part-time** (circle one)     Public Institution     HMO     Military
- Retired     Other – specify \_\_\_\_\_

**LICENSING AND 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(s) \_\_\_\_\_

Foreign Language(s) \_\_\_\_\_

Education & Post Medical School Education; Other Training Completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PROFESSIONAL / PERSONAL REFERENCE**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Email address \_\_\_\_\_ Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Email address \_\_\_\_\_ Relationship \_\_\_\_\_

**AVAILABILITY – Day(s) and Time(s)**

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_

I would like regular hours (Yes or No) \_\_\_\_\_

I am willing to be on call (Yes or No) \_\_\_\_\_