



## Medical Explorer

Experience:

<input type="checkbox"/> Administrative	<input type="checkbox"/> Clerical	<input type="checkbox"/> Computer
<input type="checkbox"/> Marketing	<input type="checkbox"/> Retail/Merchandising	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Nursing	<input type="checkbox"/> Teaching	<input type="checkbox"/> Arts/Crafts/Music
<input type="checkbox"/> Finance/Bookkeeping	<input type="checkbox"/> Other:	

Information for service area placement:

Are you able to push a wheelchair?	yes	no
Are you able to be on your feet for four hours?	yes	no
Do you have a service area preference?	yes	no

If yes, please provide information:

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Have you ever committed, been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor?

no                       yes, please explain

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Personal References: Please list two [2] references. DO NOT include relatives. Please see attached personal reference sheets:

1. Name **Charles Johnson, Advisor Medical Explorer program** Phone: ( 512 ) 396-2729
2. Name \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_

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The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

As a CHRISTUS Santa Rosa Hospital Health System volunteer, I:

- agree to attend the volunteer orientation and train until I am competent to perform the required duties
- agree to comply with all the rules and regulations of the Hospital and the Volunteer Department
- understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines
- agree to call my department supervisor or volunteer coordinator as soon as possible when I have scheduling changes
- agree to commit to at least 100 volunteer hours per year from starting date
- agree to complete the two step tuberculosis screening

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### Confidentiality:

It is the belief of CHRISTUS Santa Rosa Health System that all medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore volunteers may look at, use, or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I hereby acknowledge and understand that, as a CHRISTUS Santa Rosa Health System Volunteer, I am not an employee of CHRISTUS Santa Rosa Healthcare or entitled to any pay or benefits.

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and CHRISTUS Santa Rosa Health System.

I certify that all information set forth in this application submitted to CHRISTUS Santa Rosa Health System Volunteer Department is true, correct, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To volunteer at CHRISTUS Santa Rosa -  
Alamo Heights  
Children's Hospital of San Antonio  
Medical Center

PASC: Stone Oak; Ewing Halsell; Quarry  
Please return completed application  
to: *CHRISTUS Santa Rosa Healthcare*  
*Attn: Christine Gonzalez, Director*  
*Volunteer Services Department 333*  
*N. Santa Rosa Street San Antonio,*  
*Texas 78207*  
[christine.gonzalez@christushealth.org](mailto:christine.gonzalez@christushealth.org)  
210-704-2109  
210-704-2807 Fax

**To volunteer at**  
**CHRISTUS Santa Rosa Hospital -**  
**New Braunfels**  
**PASC: New Braunfels**  
**Please return completed application**  
**to:**  
**CHRISTUS Santa Rosa Hospital -**  
**New Braunfels**  
**Attn: Ana Devries**  
**Volunteer Services Department**  
**600 N. Union Avenue**  
**New Braunfels, Texas 78130**  
[rosa.devries@christushealth.org](mailto:rosa.devries@christushealth.org)  
**830-620-5603**  
**830-620-5120 Fax**

To volunteer at CHRISTUS Santa Rosa  
Westover Hills  
Please return completed application to:  
*CHRISTUS Santa Rosa Hospital-Westover Hills*  
*Attn: Peggy Swanstrom*  
*Volunteer Services Department*  
*11212 State Hwy. 151*  
*San Antonio, Texas 78251*  
[pecoy.swanstrom@christushealth.org](mailto:pecoy.swanstrom@christushealth.org)  
210-703-8006  
210-704-2807 Fax

Thank you for your interest in becoming a CHRISTUS Santa Rosa Health System Volunteer. Upon receipt of your application, our office staff will contact you to schedule a personal interview. We look forward to meeting you in the near future.