



MedStar Health: Adult Volunteer Driver Intake Form

Name: _____ Date of Birth: _____
Last First Middle Initial

Address: _____
Street City State/Zip Code

Home/Cell Phone: _____ Work Phone: _____ E-Mail: _____

Social Security Number: _____ Driver's License State & Number: _____

Have you ever been employed or volunteered at this Hospital? Yes No If yes, under what names and date: _____
On what date can you begin? _____

Identify any relative(s)/friends presently employed at MedStar Southern Maryland Hospital Center:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Can you perform the functions of a volunteer without accommodations? Yes No
If no, please explain: _____

List any allergies you have to drugs, foods, or environmental agents (i.e., pollen, dust, mold, chemicals, etc.). Describe reactions you have had to substances you are allergic to: _____

List the medications and prescriptions you take on a routine basis: _____

In case of emergency, please notify:

Name: _____ Relationship: _____ Telephone: _____

Family Physician: _____ Telephone: _____

Please provide this information for any vehicle that you may drive.

1) Color/Make/Model of Vehicle: _____ # Passengers seat belts: _____

2) Color/Make/Model of Vehicle: _____ # Passengers seat belts: _____

Geographic Area(s) that can be served: _____

If asked to drive during a transportation failure, please estimate how quickly you could respond to a call:

Immediately 30 – 60 minutes 1-2 hours over 2 hours

Is your vehicle equipped with GPS/Navigation: Yes No

What experience have you had driving for other Hospitals or organizations?

Organization: _____ Date: _____

Organization: _____ Date: _____

Identify all states for which you have had a driver's license during the past five calendar years:

Attach a copy of the following items to this application:

- Valid driver's license
- Current automobile insurance identification card *
- Vehicle registration*

*For all vehicles that you might drive



MedStar Southern Maryland Hospital Center

Have you ever been convicted of a criminal or civil offense other than a minor traffic violation? Yes No

Have you ever been fined for a criminal or civil offense other than a minor traffic violation? Yes No

Have you ever had a DWI or DUI charge? Yes No

If you answered **Yes** to any of the three questions above, describe when the conviction, fine, or charge occurred; the facts and circumstances; and any facts pertaining to rehabilitation, if applicable. Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar you from serving as a volunteer.

When: _____ Explain: _____

When: _____ Explain: _____

PLEASE VERIFY WITH YOUR SIGNATURE THAT ALL THE INFORMATION YOU HAVE GIVEN ON THIS APPLICATION IS TRUE AND ACCURATE.

Applicant's Statement (please read carefully before signing):

I certify that the answers given herein are true and complete to the best of my knowledge. I also certify that I have not knowingly withheld any information that would affect this application unfavorably. I understand and agree that any false statement or omissions as addressed above with respect to the information required on this application is grounds for refusal to use my services as a volunteer or for withdrawal of any offer of volunteer assignment made to me or for the termination of my volunteer assignment at MedStar Southern Maryland Hospital Center.

I authorize MedStar Southern Maryland Hospital Center to investigate all matters covered by this application as well as all statements made by me on this application.

I authorize a background check (inclusive of a check of my driving record), reference checks, and investigation of all statements contained in this application that are necessary for a decision of my qualifications as a volunteer driver.

I also agree, if assigned, that I am to volunteer faithfully and diligently, to be careful and avoid an accident, to come to my assignment promptly, and to execute the duties assigned by my supervisor or designee.

I agree to abide by all present and subsequently issued policies and rules of MedStar Southern Maryland Hospital Center.

I understand that I will be required to maintain and protect the confidentiality of patient information, medical records, patient and Hospital financial data, and any patient, employee, physician, and Hospital information obtained through my volunteer assignment with MedStar Southern Maryland Hospital Center.

I understand that my own personal motor vehicle insurance policy is expected to provide the primary coverage for any and all accidents which occur during my service as a volunteer driver for MedStar Southern Maryland Hospital Center.

I understand that it is my responsibility to ensure that my vehicle has passed all required inspections and is in proper operating condition. I also understand that I must comply with all local driving/traffic laws.

I further certify that I agree to adhere to the policies and standards of MedStar Southern Maryland Hospital Center if accepted as a volunteer.

I hereby acknowledge that I have read and do understand the above statements.

Print Name: _____

Signature: _____ Date: _____