Volunteer Summary

Knox Public Health (KPH) and Knox Community Hospital (KCH) are partnering to coordinate a database of volunteer healthcare providers. The database will be utilized during the COVID-19 pandemic. All information provided is held under the highest degree of care and standards of security, confidentiality, and privacy.

Any fraudulent application, violation of confidentiality or any violation of provisions will result in the termination of the volunteers' privilege to participate in the volunteer program or activity and may be subject to legal liability as well.

It is unlawful to share information obtained during this voluntary program including but not limited to: customer or patient information covered by the Health Insurance Portability and Accountability Act (HIPAA), supplier information, finance records, or technical information.

Volunteers are not considered employees of Knox Public Health or Knox Community Hospital and do not qualify for employee benefits.

Volunteers must be 18 years of age or older.

Information obtained from the volunteer verification form will be used to check credentials. All reasonable efforts will be made to ascertain the credentials of interested volunteers.

Please complete the following application form and submit to info@knoxhealth.com.

Volunteer Application Form

Name:	Degree/Certification:
Address:	
Email Address:	
Phone Number:	Home: Cell:
Emergency Contact Name and Number	Name: Phone #: Relationship:
Driver's License Number	Number: Expiration Date:
Any Health Limitations, Please explain	
Current State Licensure	Number: Expiration Date:
Current ACLS/BLS/PALS/NRP	☐ ACLS ☐ BLS ☐ PALS ☐ NRP

Currently Employed?	☐ Yes Employer:
	   Specialty Unit:
	   Skills:

	☐ No Last Date Worked:
	   Last Employer:
	   Previous Skills:

Ability to provide care, treatment, and services according to core competencies for their profession.	☐ Yes ☐ No
Skills	

To Be Completed by Human Resources:

Volunteer Profession	
Verified Status	Expiration Date:
Background Check on File	☐ Yes ☐ No Date of report:
Assigned to "Partner Employee"	Partner Employee Name:
Assigned Tier	Select Tier Level
Volunteer ID Badge	☐ KCH ☐ KPH If no, get a badge from Human Resources prior to providing care
Completion	Date Time Signature