

Surgery On Sunday, Inc. 650 Newtown Pike Lexington, Kentucky 40508

Office (859) 246-0046 Fax (859) 246-1752

Laura Ebert, Executive Director; Terri Cline, Client Coordinator



**RN, CRNA, RNFA VOLUNTEER APPLICATION  
(APPLICATION MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE PROCESSED)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Medical License Number: \_\_\_\_\_ SS# Number: \_\_\_\_\_

**Please Include Copy of Professional License**

Date of Birth: \_\_\_\_\_ Fluent Languages: \_\_\_\_\_

Specialty: \_\_\_\_\_

Employer/Practice: \_\_\_\_\_

Release of Information Authorization

I \_\_\_\_\_ hereby give Surgery On Sunday, Inc. permission to ascertain information and or documents from credentialing hospitals and agencies in regards to my professional licensures and standing to be used for Surgery On Sunday, Inc. purposes only.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

# Surgery On Sunday, Inc. Confidentiality Agreement

Surgery On Sunday, Inc. follows and adheres to all professional medical guidelines including the Health Information Portability and Accountability Act (HIPAA) of 1996. As a Surgery On Sunday, Inc. volunteer I understand and agree that all information pertaining to Surgery On Sunday, Inc. patients and volunteers must be kept strictly confidential. Any violation of this agreement will result in my immediate termination as a Surgery On Sunday volunteer and may involve legal repercussions.

I will not hold Surgery On Sunday, Inc. or any Surgery On Sunday staff member, volunteer or patient liable for any personal injury or loss of personal property while participating in the Surgery On Sunday, Inc. volunteer program.

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Volunteer Signature

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Date

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Witness Signature

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Date