



METHODIST HOSPITALS

Name _____
Last First MI

Address: _____
Street City State Zip Code **Date of Birth**

Telephone Number _____ Mobile Number _____

Work Phone _____ Email _____

Are you presently employed? ____ Yes ____ No If yes, by whom? _____

Hobbies/Special Skills/Talents _____

Availability (Please indicate times)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

***Note: Volunteers are requested to serve at least one day per week, for a minimum of four hours. Volunteers must purchase their own uniform jacket at a cost of \$15.00**

Do you have any physical limitations that we need to accommodate? If yes, please explain.

Placement Preference

- ___ Library Aide: Greet patrons and assist with information needs upon request, photocopying and shelving books.
- ___ Human Resources Assistant: Greet customers, answer telephones, filing and assist with mailing and correspondence.
- ___ Floor Services: Varied duties may include; pickup and delivery of supplies or lab samples, distributions of newspapers or magazines to inpatients, mail or flower delivery, transporting of patients and other duties as requested.
- ___ Project READ: A program designed to encourage reading especially in children. Duties may include reading to children or adult patients, distributing book and library packets to new mothers upon the birth of their child.
- ___ Gift Shop: Assist the customers in making purchases, operate cash register, stock and assist where needed.
- ___ Emergency Department Assistant: Provide direction and assistance to patients and visitors in the waiting area. Offer reading materials. Provide wheelchairs for patients.
- ___ Sewing Projects: Outside activities that include crocheting, knitting and sewing.
- ___ Chart Assembly: Assemble patient charts for various units
- ___ Front Information Desk: Greet visitors and distribute visitor passes in accordance with hospital procedures.
- ___ Out Patient Registration: Assist the department in registering out-patient services
- ___ Transporter: Take patients by wheelchair to various departments for tests or other services
- ___ Surgical Information Center: Notify those waiting of the patient's transition from surgery to recovery
- ___ Spiritual Care: Visit patients, share religious materials. Pray with or for patients. * Must complete the necessary training program provided by the hospital.
- ___ Clerical: Offer clerical and receptionist assistance during peak times. Answers telephone and assists with light typing and filing as needed.
- ___ Fund-raising: Assists with various activities involving hospital fundraising efforts.
- ___ Other

Referral Source: How did you hear about the Methodist Hospitals Volunteer Program? _____

Please list two (2) references:

Name _____ Address _____ Telephone # _____

Name _____ Address _____ Telephone # _____

Emergency Contact:

Name _____ Relationship _____

Address _____ Telephone # _____

By signing this application, I verify that the information contained in this application is correct to the best of my knowledge. False information may be grounds for rejection of my application or dismissal from service. Submission of this application does not automatically insure placement.

Applicants Signature

Date

For office use only; this information will be obtained during the interview:

Social Security Number _____



Leading the way to better health.

VOLUNTEER COMMITMENT

As a responsible Methodist Hospital Volunteer, I commit myself to the following:

1. Honoring The Methodist Hospitals' expectations of volunteers as explained to me during the orientation.
2. Being on time and conscientious in the fulfillment of my duties.
3. Respecting the right of privacy of all Methodist Hospitals patients. I will consider as confidential all that I may learn directly or indirectly while on duty. I will not seek information regarding patients, employees or medical staff.
4. Conducting myself with dignity, showing consideration and compassion for others by being courteous at all times.
5. Accepting supervision and feedback about my volunteer service performance.
6. Taking my problems, criticisms and suggestions to the Manager of Volunteer/Gift Shop Services.
7. Upholding the traditions and standards of The Methodist Hospitals and currently interpreting its mission to the community.

Signature _____

Date _____



Leading the way to better health.

RIGHT TO CONFIDENTIALITY AND PRIVACY AGREEMENT

The right to confidentiality and privacy are essential elements in maintaining the dignity of an individual.

As volunteers of The Methodist Hospitals, we recognize a shared responsibility in protecting and assuring our patients' privacy of their person, but all information concerning them while in our care. In performing our duties we must always remember.

- When patients enter the Hospital they entrust the protection of their privacy to us. We must honor their privacy by not discussing their hospitalization outside the Hospital or within the Hospital to persons without the right or need to know.
- Information relating to patient care should not be discussed unless it directly relates to treatment and is within the parameter of our stated job role and responsibility.
- The relationship between the patient, physician and Hospital is private and must be respectfully honored.
- The dignity of the individual is often threatened by the intensity of care rendered. It is our responsibility to provide the highest levels of care in the most humane manner.

As volunteers we must remember that the confidentiality we provide others is the same right we expect if hospitalized ourselves. Failure to respect confidential information for all our clients (patients, physicians and visitors), employees and volunteer records, and all Methodist Hospital business is a violation of Hospital policy. This very serious violation is sufficient cause for corrective action up to and including termination.

By signing this document you acknowledge the importance of confidentiality and privacy and agree to protect and maintain these rights as stated.

Signature _____

Print Name _____

Date _____