



Leading the way to better health.

SCHOOL RECOMMENDATION - VOLUNTEEN

Name _____
Last First MI

Address: _____
Street City State Zip Code

School Now Attending _____

Grade Average: (Please Circle): A B C D

Please Circle Comment Best fitting this student.

In your opinion, does this student:

Work well under supervision	Usually	Sometimes	Needs Improvement
Work well with others	Usually	Sometimes	Needs Improvement
Display a mature attitude	Usually	Sometimes	Needs Improvement
Display initiative	Usually	Sometimes	Needs Improvement
Demonstrate reliability	Usually	Sometimes	Needs Improvement
Follow directions	Usually	Sometimes	Needs Improvement
Display courtesy and good manners	Usually	Sometimes	Needs Improvement

Other Comments _____

Teacher's Signature

Date

Please complete as soon as possible and return to: **The Methodist Hospitals**
Volunteer Services
600 Grant Street Gary, IN 46402 or 8701 Broadway Merrillville, IN 46410



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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 _____



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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 _____



METHODIST HOSPITALS

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Parental Permission Slip

I hereby give my permission for my daughter/son

NAME: _____

To become a member of The Methodist Hospitals Volunteer Program. I understand that the work to be done at the Hospital will include non-professional, non-technical work such as:

Running errands, passing fresh drinking water and nourishments, delivering packages and flowers, escorting patients to and from nursing units, pushing wheelchairs and carts, and other work such as stuffing envelopes, assembling charts, light typing and filing, messenger service, etc.

I understand my daughter/son will be working as a volunteer at Northlake Campus _____, Southlake Campus _____, Midlake Campus _____ area of Methodist Hospitals.

Parent/Guardian: _____

Address: _____

Phone Number: _____

Family Physician: _____ Phone # _____

In Case of Emergency Call: _____

Relationship to Volunteer: _____ Phone # _____

Please list any physical limitations we need to accommodate?
