



HOCKING VALLEY Community Hospital

Thank you for your interest in the Hocking Valley Community Hospital Volunteer Services Program. Enclosed is an application that will provide us with information that will assist us in making the best use of your skills, interests and talents, as well as a list that summarizes the process of joining our team as a volunteer.

This application is for individuals 18 years of age or older. To inquire about teen volunteer service programs (ages 16 and older), please contact the Community Relations Department at 740-380-8336. HVCH volunteers serve in many departments and are valued as important members of our healthcare team.

After you have completed the application, please call the Community Relations Department at the number listed above to arrange a personal interview.

Thank you,

A handwritten signature in blue ink that reads "Latricia R. Johnston". The signature is written in a cursive, flowing style.

Latricia R. Johnston
Chief Public Relations Officer



HOCKING VALLEY
Community Hospital

VOLUNTEER PROCESS

The Application

Each potential volunteer is asked to complete a written application.

The Interview

Each applicant will have a private interview to determine his/her areas of interest, so that a suitable volunteer opportunity can be identified. Please call 740-380-8336 to arrange an interview at your convenience.

Background Check

HVCH will run a criminal background check and fraud check on each applicant. Your signature on the application permits HVCH to check the nationwide database.

Shadowing

Following the initial interview, volunteers will be asked to shadow one or two areas of interest to ensure the volunteer opportunity is a good fit for both the applicant and department.

General Orientation

Orientation is provided to each new volunteer. This time together is critical as it provides information about HVCH and any policies and procedures that will be relative to volunteers. In addition, you will receive a personal tour of the facility, receive your TB test and ID badge prior to beginning your volunteer assignments.

Annual Requirements

Each volunteer will be required to receive an annual flu shot and TB test.



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VOLUNTEER APPLICATION

Name: (Please Print) _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Home#: _____

Birth Date: _____ Today's Date: _____

Email: _____

Previous Volunteer Experience: _____

Why would you like to volunteer for HVCH: _____

Educational background: _____

Occupational Background: _____

Please list skills, hobbies and interests: _____

Have you previously been employed by HVCH? (If yes, please list when and in what capacity?) _____

Have you ever been convicted of a crime? (If yes, please explain) _____

Are you interested in an assignment with direct patient contact? _____

Are you interested in an assignment that requires physical activity? _____

Please list days and times available to volunteer: _____

All information provided in this application is considered confidential and will be utilized solely by Hocking Valley Community Hospital.

I understand this is a volunteer position and I will receive no compensation for my services. I also understand that I will need to comply with the facility's policies and procedures. HVCH is not obligated to provide volunteer placement of applicant, nor to any specific department. Applicants are not obligated to accept the volunteer position offered. Volunteer positions are provided without regard to religion, creed, race, national origin, age, or sex. I have read the above information and agree to comply.

Signature

Date



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Volunteer Opportunities

Information Desk: Greets the public; escorts patients and visitors, responds to telephone inquiries, delivers patient mail and floral arrangements; provides directional information.

Messenger Service: Picks up, sorts, and delivers inter-departmental correspondence throughout the building and transports U.S. mail to and from the mailroom.

Patient Pal: Serves as an advocate to patients and visitors in a specific patient care unit by rounding to patient rooms to ensure needs of patients and visitors are met.

Pet Therapy: Visits patients with a registered therapy dog. Your dog must be registered through an acceptable organization with all paperwork on file to proceed.

Registration: Greets patients arriving for outpatient procedures; assures these patients get through the registration process in a timely and orderly manner; escorts patients to testing locations; delivers paperwork to patient units.

Materials Management: Works with department to assist in inventory and shelving.

Clerical Support: Volunteers provide clerical support in a variety of departments, such as Accounting, Administration, Contracts and Collections, Community Relations, Human Resources, Education, Outpatient Therapy Services.

Courtesy Cart: Visits various patient and waiting rooms with courtesy cart that is stocked with books, magazines, cookies and/or refreshments.

Crafters: Volunteers will create handmade items for patients and visitors. Can be done at home or as a group setting onsite.

Chaplain Services: Visits patient bedsides to identify the patients' church affiliation, and with permission of patient notifies church of hospitalization. Provides spiritual support if requested. All volunteer chaplains must be ordained ministers.

Courtyard Caretaker: Helps water and maintain planters and flower beds in the HVCH courtyard and around the hospital. Also may help fill bird feeders in courtyard and around patient windows.



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VOLUNTEER AGREEMENT

Pertaining to my volunteer experience at Hocking Valley Community Hospital, I hereby agree to conform to the rules and regulations of this facility. I understand that my volunteer service can be terminated at any time and for any reason, at the option of the facility or myself. I hereby confirm the information provided on this application is true and complete to the best of my knowledge. I hereby authorize persons and employers named in this application to provide HVCH with any relevant information regarding my potential volunteer experience, and I release all such persons from any liability regarding the provision or use of such information.

Confidentiality Statement: I understand that as a volunteer for Hocking Valley Community Hospital, I may be exposed to confidential information regarding patients and financial information produced by or held by HVCH. During my term of volunteerism with HVCH and any related activities, or any time thereafter, I shall not directly or indirectly, make or cause to be made, any disclosure or other use not authorized by HVCH of any confidential information acquired during the course of my experience at HVCH unless such information is or becomes otherwise legally available to the public. For purposes of this agreement, the term “confidential information” means any business, medical or financial information not generally known to the public at large regarding the business and operations of HVCH and its patients, employees and physicians. Any breach of confidential information by me shall constitute grounds for immediate termination from my volunteer experience at HVCH and can further be grounds for any legal action taken by the offended parties.

Waiver of Liability/Release with Assumption of Risk and Indemnification: In exchange for the agreement of Hocking Valley Community Hospital to permit participation in any volunteer exploration experience, I hereby voluntarily assume the risk of injury and waive, release, and agree to hold harmless and indemnify the Hospital, its employees and agents from any and all liability, arising from negligence or otherwise, and all damages in any way resulting from participation in any shadowing experience, including but not limited to bodily, personal or mental injury.

Volunteer Applicant Expectations: During the volunteer application process, applicants will not have (or attempt to obtain) computer access. Applicants must dress professionally and conservatively and abide by the dress code of HVCH throughout the application process. Professional behavior is expected, including refraining from the use of cell phones and other personal duties.

The undersigned, has read all of the above carefully, understand its significance, and voluntarily agree to all its terms.

Signature

Date