



MedStar St. Mary's Hospital

Guidelines for Adult Volunteers

The Volunteer program of MedStar St. Mary's Hospital has been designed to enhance the comfort, care and happiness of the patients, families, visitors and the community and provide many extra services that supplement the functions of the professional staff.

This program is open to all persons 18 years of age and over who are able to donate at least four (4) hours of service each week for a minimum of six months.

All new volunteers are required to have drug screening and tuberculosis testing. The Occupational Health Department gives these tests at no cost to volunteers. All volunteers are required to have a flu vaccine annually. MedStar St. Mary's Hospital provides this vaccine free to all staff.

You are asked to submit copies of medical records, which evidence immunity, or to take a titer test for MMR, Varicella and Hepatitis B. These are done through the Occupational Health office and are provided at no cost to the volunteer candidate. **You will be notified when to contact Occupational Health for all tests.**

All volunteers are required to provide complete and accurate information to the hospital that will be submitted for a background check.

Uniform and identification badges are worn while volunteering. The cost of the uniform is \$15 and can be paid after all health requirements, testing and processing is complete. Volunteers must attend orientation and complete all verification paperwork.

A hospital identification badge, issued by MedStar St. Mary's Hospital, will be provided before reporting for your first assignment. Your hospital identification badge must be worn while volunteering at MedStar St. Mary's. If lost, notify the Volunteer Coordinator immediately, a replacement badge can be obtained and will cost \$10. **The badge must be returned to the Volunteer Coordinator when you discontinue service with the hospital.**

A professional appearance is expected at all times by keeping clean, neat appearance with properly fitting clothing, shirts and blouses tucked in, and socks or stockings. No facial piercings and tattoos must be covered. Closed shoes with rubber heels are to be worn by volunteers who work in patient care areas. Hair must be well groomed, beards, mustaches and side burns neatly trimmed. Caps and hats should not be worn unless they are part of a uniform established by the department in which the volunteer is working. No blue denim jeans or jean-type slacks, leg warmers, stretch pants, tube tops, jogging suits, athletic attire of any kind, low-cut, low-back or backless dresses or blouses, sweatshirts or sweatpants, slippers or house shoes. Avoid excessive jewelry and strong perfumes or cologne.

Volunteers are responsible for keeping accurate records of their volunteer hours. A sign-in sheet will be placed at an appropriate location for this purpose.

Confidentiality and privacy of patients, staff, and public are extremely important at MedStar St. Mary's Hospital (also known as "HIPAA"). A Statement of Confidentiality will be signed at the time of acceptance as a volunteer. Breach of patient confidentiality is grounds for immediate release from the volunteer program.

Each volunteer will be responsible for abiding by the hospital's policies and procedures and all information, policies and procedures contained in the MedStar St. Mary's Hospital Volunteer Handbook, which you will receive prior to beginning volunteer service.

Volunteers will attend an orientation class offered by the hospital that will include customer service.

Benefits provided:

- Free meal on the day of volunteering while wearing uniform and badge if you are working for 4 or more hours (costing \$7.50 or less).
- Free parking.
- Flu shots are offered annually to all active volunteers free of charge. (Flu vaccines are required for all associates, volunteers, students.)
- Discounts in the Hospital Gift Shop. *(details in the handbook)*
- Attend advertised classes that can help in the volunteer position.
- Attend associate social functions.

Volunteers **will not:**

- Give medications of any kind under any circumstances.
- Sit (monitor) with unconscious or critically ill patients.
- Manipulate bottle or bag when patient is receiving intravenous therapy.
- Assist doctors.
- Lift patients.
- Give patients' food or drink without prior training and competency testing and permission of nursing staff.
- Give medical advice to patients.
- Move patients who are in traction (not even to make the bed).
- Read patients' charts.
- Write notations on any part of the medical record.
- Enter the Delivery Room, Operating Room, Obstetrics or Emergency Department unless that is the area in which you volunteer.
- Enter any isolation rooms.
- Collect or handle specimens.
- Take blood pressures, vital signs or weights.
- Handle urinals, bedpans, and/or drainage containers.
- Wash urinals, bedpans, or any used equipment.
- Handle sharps (needles, etc.).
- Perform dressing changes or do treatments.
- Adjust bed positions.
- Ambulate (walk) a patient.
- Accept any tips or gratuities from visitors, patients, or employees.
- Transport patients on stretchers unassisted.
- Feed patients or assist with meals without proper instruction, competency testing and nursing staff oversight.

*If you have questions please contact the Volunteer Office at
301-475-6453 or email the coordinator at
Mary.Cheseldine@MedStar.net*



MedStar St. Mary's
Hospital

Volunteer Application

**Volunteer Office
301-475-6453
P.O. Box 527
25500 Point Lookout Road
Leonardtown, Maryland 20650**

**Please complete all
areas of this application**

PERSONAL DATA

Last Name First Name MI

Preferred name: _____

Mailing Address (School Address for St. Mary's College) Apartment Number

City State Zip

(____) _____ (____) _____ (____) _____
Home Telephone No. Work Telephone No. Cell Phone No.

(Check preferred telephone number where you can be reached.)

E-Mail Address

Name, Telephone Number & Relationship of the Person to be Notified in Case of Emergency:

Have you ever been employed or served as a volunteer here before? Yes No

If yes, what year? _____ Under what name? _____

Identify any relative(s) presently employed at MedStar St. Mary's Hospital.

Name _____ Relationship _____

Name _____ Relationship _____

Have you ever been convicted of a felony? Yes No

If yes, describe when the conviction occurred, the facts and circumstances and any other pertinent information. Do not list any criminal charges for which the records have been stricken.

(A criminal offense will not necessarily bar you from serving as a volunteer.)

Social Security Number Driver's License Number Birthday: _____ / _____
Month / Day

I am age 18 or older. _____ YES _____ NO

To perform the functions of a volunteer will accommodations be required? Yes No

If yes, please state accommodations required. _____

EDUCATION/SKILLS

Education (check highest level that applies)

High School Trade or Technical School College Post Graduate

If in high school/college: Name of School _____

Current Grade Level _____ Anticipated Graduation Date _____ Year _____ Month _____

Long range occupational goals or interests

Special skills, training, hobbies

Have you volunteered/worked in a healthcare setting before? Yes No

If yes, please describe the experience: _____

Reason for wanting to volunteer at MedStar St. Mary's Hospital:

Other special skills

- | | | |
|---|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Art (posters, etc.) | <input type="checkbox"/> Calligraphy |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Sewing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Accounting | <input type="checkbox"/> Musical Instrument |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing & Composition |
| <input type="checkbox"/> Other _____ | | |

Would you be willing to work on special events/projects such as health fairs? Yes No

Service Area Opportunities (check areas of interest – not all areas will have openings at any given time)

- | | | |
|---|--|---|
| <input type="checkbox"/> Patient Related Services | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Computer Entry |
| <input type="checkbox"/> Lobby Information Desk | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Hospitality Cart |
| <input type="checkbox"/> Gift Shop | | |

I would like information about the MSMH Auxiliary. ____ Yes ____ No

Availability: Indicate **days** you are available and **preferred times** on those days.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

REFERENCES: List three references who are not relatives or employers. Information in this section must be filled out completely.

Provide full home mailing addresses for your references.

Name	_____	Length of time known	_____
Mailing Address	_____	City, State, Zip	_____
Daytime telephone number	_____	Evening Telephone Number	_____

Name	_____	Length of time known	_____
Mailing Address	_____	City, State, Zip	_____
Daytime telephone number	_____	Evening telephone number	_____

Name	_____	Length of time known	_____
Mailing Address	_____	City, State, Zip	_____
Daytime telephone number	_____	Evening telephone number	_____

PERSONAL DATA: The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, gender, or national origin. Federal law prohibits discrimination because of age. Maryland law prohibits discrimination based on marital status or physical or mental handicap unrelated to the performance of the work. The information requested below is for statistical purposes only. **Providing the information is completely optional.**

Sex: Male ___ Female ___

Ethnicity: African-American ___ Hawaiian ___ White ___
American Indian ___ Alaskan Native ___
Asian or Pacific Islander ___ Hispanic ___ Other ___



MedStar St. Mary's Hospital

**25500 Point Lookout Road
Leonardtown, Maryland 20650**

Volunteer Applicant's Statement

I certify that the answers given to this application are true and complete and I authorize MedStar St. Mary's Hospital to investigate any or all statements made herein. I understand that any falsification or omission of information will result in rejection and /or immediate termination. I agree that my volunteering, and the terms and conditions thereof, may be modified or terminated at any time at the discretion of MedStar St. Mary's Hospital. I agree as a condition of volunteering to conform to Hospital rules and regulations.

I understand that volunteering is contingent upon favorable results of any and all tests such as drug screen analysis for substance abuse, successful completion of a physical assessment conducted by Hospital staff, and receipt of acceptable references from previous employers, Consumer Investigative Report, meeting employability requirements of the Federal Immigration and naturalization Service and submitting appropriate documentation to satisfy the requirements for completing INS Form I-9.

Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

Applicant's Signature

Date

Release of Previous Employment Information

I have applied to MedStar St. Mary's Hospital for a volunteer position, and I desire that they be fully advised of my employment record with your organization.

I therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damage for providing the information requested.

Applicant's Signature

Date