

VOLUNTEER SERVICE INDIVIDUAL APPLICATION FORM

(Please type or print unless indicated otherwise)

Name _____
(LAST) (FIRST) (MIDDLE)

Birth Date _____ Martial Status _____

Name of Spouse _____
(FIRST) (MIDDLE)

Number of Children at Home _____ (give ages) _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

IN CASE OF EMERGENCY: Contact _____

Relationship _____ Phone _____

Current Occupation _____

Previous Work Experience (include dates) _____

Education _____

Special Education or Training which you feel is relevant to volunteer work. _____

Hobbies, Skills, Special Interests _____

Community Group Affiliations (clubs, councils, committees, church, etc.) _____

Type of Activities Preferred _____

Days preferred for Routine Work _____

Hours preferred for Routine Work _____

Would you consider volunteering for special events? _____ Do you drive? _____ Is a car available? _____

REFERENCES:

Name: _____ Phone _____

Address _____

Name: _____ Phone _____

Address _____

(Signature)

(Date)

Mile Bluff Medical Center
Mauston, Wisconsin

VOLUNTEER HEALTH HISTORY

Today's Date: _____

Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: _____

Date you started volunteering: _____

1. Have you been immunized for the following childhood diseases?

	<u>Yes</u>	<u>Date</u>	<u>No</u>	<u>Don't Know</u>
Polio				
Measles				
Rubella				
Chicken Pox				

2. Have you had any of the following childhood diseases?

	<u>Yes</u>	<u>Date</u>	<u>No</u>	<u>Don't Know</u>
Polio				
Measles				
Rubella				
Chicken Pox				

3. Have you had a TB skin test? When? _____ If yes, was it positive? _____

4. When was your last Tetanus injection? _____

5. Do you have any chronic health problems? _____ If yes, please list.

Health Service Comments:

I have reviewed the foregoing statements. This information is true and correct to the best of my knowledge.

VOLUNTEER PROGRAM

General Information

1. Appearance-Volunteers are required to maintain a clean and neat appearance. Name tags are provided and must be worn at all times when on duty. Comfortable, low-heeled, soft soled shoes are required for safety and to hold down noise. Smocks are provided for volunteers working in ER and hospital patient areas. These are to be worn for easy identification. It is the volunteer's responsibility to keep them clean. No blue jeans are to be worn in the hospital area.

2. Schedules-Volunteers are expected to be punctual and give service at their assigned times. Volunteers not able to keep their scheduled assignments must notify either the Chaplain or department supervisor.

3. Supervision-Recruitment and basic orientations are provided by the Chaplain. General supervision and training is provided by the head of the department or designee to which you are assigned. Any problems or questions regarding your job description should be directed to your supervisor.

4. Coat Racks and Lockers-Coat racks are available in the volunteer services office. If you wish to have a locker there are some available in that office as well. Contact the Chaplain for a locker assignment and key. You are responsible for your own property. There is a \$10 replacement fee for lost keys. The hospital assumes no responsibility for lost or stolen items.

5. Smoking Policy-No smoking is allowed anywhere on the Mile Bluff Medical Center grounds. This includes parking lots, vehicles, restrooms, etc.

6. While On Duty

a. Please arrive in ample time to sign in on the volunteer sign-in sheet located in the volunteer services office. When signing in or out please list the time to the closest quarter hour.

b. Meals are available at reasonable prices in the dining room via vending machines. Or, you can bring a sack lunch. All volunteers working through a meal period may take a half-hour lunch at the convenience of the department in which they are working.

c. If you are ill please remain off duty if you have an infectious condition. This is for your welfare and most importantly, the welfare of the patient.

d. If you become ill or have an accident while on duty report immediately to your supervisor.

e. Parking is available in the employee parking lots located behind the hospital.

f. Our program must go on even if you are absent. Therefore, it is extremely important that you notify us just as soon as you know you will be absent.

g. We are proud of our volunteers. You are an important part of the health care team. Your conduct is a reflection upon this team. Therefore, we ask that you be courteous to all patients, visitors and staff members.

Further, you may either observe confidential procedures or hear confidential information. Sharing confidential information with unauthorized personnel will be grounds for dismissal.

All medical information is confidential. This information cannot be shared with any other person without the expressed written permission of the patient or authorized representative of the patient's choice.

h. Special requests from patients. Volunteers are not to shop for patients. Further, the hospital does not cash checks for patients nor should the volunteer offer to get it cashed for the patient. Check cashing should be arranged by the patient with their relatives. Stamps may be purchased at the front desk of the hospital.

Further, volunteers are not allowed to accept tips or gifts from the patients or visitors.

i. Always be courteous, patient, cheerful and interested in the patients and the visitors. Remember, you are here to help them and to bring some sunshine into their lives. If you find yourself in a difficult situation please ask the Chaplain for assistance.

We ask that you do not stop any member of the professional staff for medical advice. Please make an appointment with them at their appropriate clinic site.

Please do not bring your children to the hospital area. This is for their safety and for the safety of the patients.

Above all, THANKS FOR BEING A VOLUNTEER!