

WELCOME TO PETERSON AUXILIARY VOLUNTEERS

Approximately 50–100 men and women volunteer 1,500–2,000 hours each month in various areas of the hospital and in community service projects. Gift Shop revenue and vendor sales enable the Auxiliary to contribute \$20–30,000 each year to fund nursing scholarships and purchase hospital equipment.

The Administration and Board of Directors value your commitment to helping others and supporting our mission of providing exceptional, compassionate, patient-centered care. We reach out to patients, visitors, employees, staff, and each other to elevate the Peterson experience.

What Peterson Auxiliary offers you:

- A free lunch at Blue Sage Bistro (either before or after your shift)
- Tickets to the Spring Fling and the Awards Dinner (dates subject to change)
- An opportunity to share your life skills and experience in the service of meaningful work
- The opportunity to make a difference in someone's daily life
- A friendly, professional environment in which to serve and socialize

What Peterson Auxiliary asks of you:

- Purchase uniform: white shirt, white pants or skirt, white shoes, and volunteer vest / smock (\$25-35).
- Wear only minimal jewelry and no fragrances.
- Become a member of the Auxiliary, dues are \$5 annually. A brief meeting is held each month (except January, May, July, August, and December), location TBD.
- Work a minimum of 200 hours per year to be in good standing.
- Arrange for your own substitute when you cannot work.
- Read and abide by the Auxiliary Bylaws and Standing Rules, as well as the Peterson Health Mission, Vision, and Values.
- Follow the Peterson Auxiliary Code of Ethics (page 4) while on duty.
- All information is CONFIDENTIAL. "What you see, what you hear – when you leave, leave it here."
- Practice Universal / Standard Precautions ("If it's wet, don't touch it.") and good hand washing techniques (scrub for 30 seconds).
- Perform duties in a dependable, responsible manner and under the guidance of your supervisor.
- Although the need for such is extremely rare, Peterson Auxiliary reserves the right to deny assignment and to terminate a volunteer when hospital policy is breached or compromised.

SIGNATURE: _____ **DATE:** _____

PETERSON AUXILIARY VOLUNTEER APPLICATION

Name _____

Birth Month and Day _____

Mailing Address _____

City/State/ZIP _____

Primary Phone _____ o Hm o Cell

Secondary Phone _____

Male () Female ()

Email _____

Emergency Contact _____

Relationship to You _____

Phone _____ o Hm o Cell o Wk

Other _____ o Hm o Cell o Wk

ADULT REFERENCES (Excluding Relatives)

Name _____

Name _____

Address _____

Address _____

City/State/ZIP _____

City/State/ZIP _____

Primary Phone _____ o Hm o Cell

Primary Phone _____ o Hm o Cell

Email Address _____

Email Address _____

Previous work and/or volunteer experience: _____

Education, training skills, and interests: _____

How did you discover our volunteer program? _____

What interests you and appeals to you about volunteering in a healthcare setting? _____

What do you hope to achieve through your volunteer experience? _____

I'm interested in: o Patient Area o Clerical o Gift Shop o Information Desk o Crafts o Pastoral Care

Availability: o Monday AM o Tuesday AM o Wednesday AM o Thursday AM o Friday AM
o Monday PM o Tuesday PM o Wednesday PM o Thursday PM o Friday PM

Upon acceptance to the volunteer program, I agree to give regular and dependable service to Peterson Regional Medical Center. I understand that I am willingly giving my time and talents to Peterson Regional Medical Center without monetary compensation by the hospital.

SIGNATURE: _____ DATE: _____

The application process includes a personal interview, a criminal background check, checking of references, completing a TB screening, and attending a general orientation. Upon acceptance, you will receive departmental orientation and training to enable you to perform your volunteer duties. Volunteers are expected to comply with hospital and department policies and guidelines.

NOTIFICATION

Pursuant to the requirements of section 604 (b) of the Fair Credit Report Act, notice is hereby given to the undersigned that a consumer report (including a criminal background check and an education check) may be made in connection with the application for employment with Peterson Regional Medical Center.

I am entitled to know and am hereby advised that the nature and scope of the investigation will be to obtain applicable information about my previous employment, criminal background, and education.

Notice is also given that in the event that such information has an adverse effect, either wholly or in part, upon consideration of my application, I am entitled to a copy of the report from the reporting agency and a statement of consumer rights.

I authorize that a consumer report, criminal background check, and education check be done in connection with my application for employment.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

CITIES/COUNTIES YOU HAVE RESIDED IN FOR THE PAST SEVEN (7) YEARS:

_____/_____, _____/_____, _____/_____

Current Address _____

City/State/ZIP _____

Home Phone _____

Cell Phone _____

Email Address _____

PETERSON AUXILIARY CODE OF ETHICS

Believing that the hospital has a real need of my services as a volunteer:

- I will be punctual and conscientious in the fulfillment of my duties as I understand that dependability is vital to my service;
- I will conduct myself with dignity, courtesy, and consideration, always modeling the CALLING values: Caring, Accountability, Leadership, Learning, Integrity, Nurturing, Going the Extra Mile;
- I will keep confidential all information which I may hear directly or indirectly concerning a patient, doctor, or any personnel, and will not seek information regarding a patient or read charts, records, or reports under any circumstances;
- I will take my problems, criticisms, or suggestions to the Volunteer Coordinator. I will never discuss these concerns in front of or with our patients, visitors, or hospital staff;
- I will endeavor to be cheerful and pleasant at all times, to accept supervision graciously, and to make my work of the highest quality;
- I understand that all hospital policies, procedures, and guidelines are designed with a great deal of thought and reason, and I will uphold these standards and interpret them favorably to the community at large;
- I will fulfill my commitment of service for the duration of the program and assume responsibility for my daily attendance.

I have read and understand the Code of Ethics, and I will follow the guidelines to the best of my ability. I understand that violation of any of the above commitments may result in termination of my service in the Peterson Auxiliary program.

SIGNATURE: _____

DATE: _____