

Volunteering at Mercy General Hospital

We would like to thank you for your interest in volunteering at Mercy General. The information below explains our process for getting started as a volunteer, and can take 4-5 weeks to complete. Please read the following information carefully while deciding if Mercy General is the right place for you to volunteer. If you have any questions please contact the volunteer department at 916.453.4559 or Ajeshni.lata@chw.edu

Application – Need to complete and submit the correct application to the volunteer department. Applications are specific to age, if you are over 18 please complete the Adult Application, if you are 17 and under then complete the Junior Application. Applications are available at the information desk, outside the volunteer office, may be requested by email or phone and also available at mercygeneral.org on the volunteer page.

Interview or Letter – Once your application is received in the volunteer office it is reviewed and a decision is made as to whether to contact you for an interview or send you a letter letting you know why we are unable to accept your application at this time. At the time of the interview we like to discuss your interests, skills, abilities, and availability. We will attempt to place you in an area that is comfortable and interesting to you and also meet the needs of the hospital. We will invite you to attend an orientation if you have been accepted into the program. If you are 18+ you will be asked to complete a background check prior to you attending the orientation.

Orientation – Orientation provides information about the hospital and the volunteer role. Privacy laws, safety codes, volunteer benefits, volunteer resources, dress code and service agreement are all discussed. Orientation is conducted once a month on the second Tuesday of each month from 3:00pm-6:00pm. At the orientation session you will also be given a TB (Tuberculin) Test and have a blood draw to test for immunity to Rubella, Mumps and Chicken Pox at the Mercy General Employee Health.

Health Clearance – Two days after orientation you will need to return to Employee Health to have your TB test read by a staff member. At that time the staff person will let you know what else you need to complete in order to receive your health clearance. We do require two TB tests and testing for immunity for Rubella, Rubella, Mumps and Chicken Pox. All of the lab work and TB test are free through the hospital's employee health center. If you need immunizations, you will need to cover the costs yourself.

Get Started Meeting – After you have received your health clearance, you will need to contact the volunteer office to schedule your "get started" meeting. At this meeting we will finalize your service location and schedule, give you a clearance form to get your picture ID Badge from Human Resources, explain signing in and out on our computer, give you a tour of the hospital and show you the area where you will be assigned, answer questions you may have and schedule your first day to start volunteering.

Name Badge – After your "get started" meeting with the volunteer department, you will need to take your clearance form to Human Resources and have your picture taken for your ID Badge. This takes about 10 minutes and you will receive your badge immediately.

Assignments – Every attempt is made to match the needs and interests of both the volunteer and the hospital. Volunteers are expected to volunteer a minimum of 3 hours each week for at least 6 months on a regular schedule. Your service area will be counting on you, call if sick and unable to come in.

Training – Training for individual positions is provided within the department where the volunteer is assigned and given by a staff member or experienced volunteer.

JUNIOR VOLUNTEER SERVICE APPLICATION

Mercy General Hospital
Volunteer Department
4001 J Street, Sacramento, CA 95819
916-453-4559

Last Name

First Name

Date

Address

City

State

Zip

Birth date: Month/Day/Year

Home Phone

Cell Phone

Email

Guardian's Name: _____ Phone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Limitations Related to Health: _____

School: _____ Grade: _____ Grad Year: _____

Extra-Curricular Activities: _____

Is volunteer work a requirement for school credit? _____

If so, number of hours required _____

If you are selected as a volunteer, how will you arrange to arrive here? _____

Previous volunteer experience: _____

Career Interests: _____

Hobbies/Special Interests: _____

References:

Please list two individuals known for at least two (2) years that have a knowledge of your character and qualifications. These references should not be related to you & need to be at least 18 years old.

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional Skills/Comments:

Special area of interest in volunteering:

Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide placement, nor are you obligated to accept the position offered. The Volunteer Department of Mercy General Hospital does not discriminate because of age, race, national origin, gender or sexual preference.

Signature of Applicant: _____

For Office Use Only

Interviewer: _____

Area of Assignment: _____

Date: _____

MERCY GENERAL HOSPITAL VOLUNTEER AGREEMENT

I AGREE THAT:

- I shall fulfill the requested commitment of six months of volunteering services at Mercy General Hospital.
- I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and may not seek to obtain confidential information from a patient.
- My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian religious or charitable reasons.
- I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies; both on or off of hospital property. I shall report all known occurrences of solicitation for attorneys to the coordinator of Volunteer Services.
- I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the expressed authorization of the Coordinator of Volunteer Services.
- I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consider action of others, and endeavor to make my work professional quality.
- I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and if unsuccessful, with the Coordinator of Volunteer Services.
- I shall make the best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
- I shall, at all times, uphold the Mission and Philosophy standards of the hospital.
- I understand that Mercy General Hospital reserves the right to terminate my volunteer status as a result of (a) a failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of my supervisor or the Coordinator of Volunteer Services, would make my continued service as a volunteer contrary to the best interests of the hospital.

I HAVE READ EACH OF THE ABOVE CONDITIONS AND I AGREE TO BE BOUND BY THEM.

Volunteer Signature

Date

Mercy General Hospital

CONSENT FOR MINOR TO PARTICIPATE

This will authorize _____ a minor, to participate in Junior Volunteer activities at Mercy General Hospital. Such activities are under the supervision of the hospital's Director of Volunteer Services or a designated representative.

I (we) understand that this minor's services are donated to the hospital, without expectation of reimbursement, and given for charitable, humanitarian, or religious reasons.

I (we) give permission for the above-named minor to submit to a drug-screen, tuberculin skin test (PPD) or other blood test which is required to serve at Mercy General Hospital. It is understood that this required test is given at the hospital's expense.

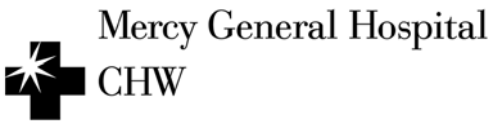
I (we) authorize the Emergency Department physicians as my (our) agents to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable in an emergency situation.

I (we) release Mercy General Hospital and its employees from any claim of liability for any damages, injury, or illness resulting to the above-named minor, not resulting from any fault or neglect on the part of the hospital, while engaging in designated Junior Volunteer activities.

This authorization and permission shall remain effective for the period of time the above-named minor is a Junior Volunteer at Mercy General Hospital.

PARENT/GUARDIAN SIGNATURE(S)

DATE



Dear Guidance Counselor:

Each student applying for a volunteer position is required to have a recommendation from his/her guidance office. We would appreciate your evaluation and comments to help us select candidates who will best benefit from our program by serving our Hospital and our customers. Our Hospitals serve our community and require individuals who are friendly, communicative and highly reliable.

Student's Name: _____ **Grade in School:** _____
Please Print

TO BE COMPLETED BY SCHOOL COUNSELOR

Counselor's Name: _____ Date: _____
Please Print

Counselor's Contact Phone Number: _____

Student's School: _____
Please Print

Please indicate your rating of the student's attributes:

	Excellent	Good	Average	Below Average
Ability to learn new skills	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____
Ability to work with adult's	_____	_____	_____	_____
Ability to work with peers	_____	_____	_____	_____
Accepts Direction/Supervision	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Courtesy	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Independent Judgment	_____	_____	_____	_____
Initiative	_____	_____	_____	_____

Does this student have a 3.0 GPA or above? Yes: _____ No: _____

Strengths: _____

Weakness: _____

Comments: _____

If you have any questions, you may contact the Volunteer Office at 916-453-4559.