

# ST. CLAIRE HEALTHCARE **TEEN** VOLUNTEER APPLICATION

Application/Data Sheet

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Student Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### In Case of Emergency Please Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

Check the area(s) in which you are interested in volunteering:

\_\_\_\_\_ **Auxiliary** (Attend monthly meetings, way finding, greeting patients and family, providing patient with comfort items such as warm blankets, ice chips (if permitted), drinks and/or food (if permitted), and assisting in keeping the patient/family comfortable during their visit to SCR, passing food trays, restocking refrigerator and pantry, making coffee, courier items for a department, distribute reading material and puzzle books to patients, organize/straighten public areas, read/visit with patients, assists with clerical needs in various areas in the hospital, St. Claire Gift shop.

\_\_\_\_\_ **Special Purpose Group** (Varied assignments not associated with any of the above volunteering in various hospital/outreach areas, patient and non-patient care)

\_\_\_\_\_ **Hospice** (Assists with clerical needs in the office, in home support services - companionship, friendly visiting, active listening, bedside sitting, letter writing, reading, assisting with errands - grocery shopping, picking up supplies.

Why do you want to volunteer?

\_\_\_\_\_  
\_\_\_\_\_

List any skills, talents, or interests: \_\_\_\_\_

\_\_\_\_\_

List the **day(s) & time(s) you are available to volunteer**: \*We ask for a **minimum of 4 hours** of volunteer service **1 time a week**

\_\_\_\_\_

\_\_\_\_\_

List last employer and/or volunteer service you participated in: \_\_\_\_\_

\_\_\_\_\_

How did you learn of the SCH Volunteer Program, who were you referred by? \_\_\_\_\_

\_\_\_\_\_

Prospective Volunteer Signature/Date

Signature of parent/guardian if under 18 years/ Date

**Please call the volunteer office to schedule your interview and return the completed volunteer application 606-783-6517**

**Disclosures**

Have you ever been investigated or suspended by any licensing board?  Yes  No

Are you being investigated now or is an investigation pending?  Yes  No

Have you been convicted of a crime and/or released from confinement following a conviction for **any** criminal offense?  
 Yes  No

If yes, give date, place and nature of each such conviction: \_\_\_\_\_

Are you currently excluded from participation in any federally funded healthcare program- including Medicare and Medicaid- and are you aware of any potential exclusion from a federally funded health program?  Yes  No

**Please initial your agreement to each of the below statements.**

**DRUG SCREENING AGREEMENT:** All prospective volunteers must submit to a drug screen. The Medical Review Officer will review pre-placement drug screens, negative results are emailed to HR and MRO will report “positive” results in a letter to Human Resources with subsequent notification to department leader. All information and records related to pre-volunteering drug screens are kept strictly confidential. SCH will provide drug screens at no cost to prospective new volunteers. Any placement with SCH is contingent upon satisfactory drug screen results. \_\_\_\_\_

**ORGANIZATIONAL INTEGRITY STANDARDS:** St. Claire Regional HealthCare has a commitment to a healing ministry to the people of the area, to compliance with laws, regulations, standards of care, and ethical business practices. Our Organizational Integrity Standards ensure that SCH is in compliance with all of its policies and procedures and all applicable federal and state laws and regulations. The Integrity Standards apply to all volunteers and all who serve at St. Claire, each of whom has a right and a duty to report any violations of these Standards and to do so without fear of retaliation. All St. Claire volunteers are obligated as a condition of their volunteer service to support and demonstrate full compliance with and commitment to our Organizational Integrity Standards. \_\_\_\_\_

**AUTHORIZATION AND RELEASE:** To Whom It May Concern: I hereby authorize and release any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish St. Claire HealthCare with any and all information in their possession regarding me in connection with an application for volunteer service. I agree that a photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written volunteer application, which I sign. I further authorize all past employers, persons, institutions, organizations, companies and all references to furnish all pertinent information known to them about me, whether of record or not, concerning my ability, character, reputation and previous employment record. I release all such persons and parties from any liability or damages whatsoever incurred for issuing such information. \_\_\_\_\_

I have read and understand all disclosures and understand these conditions of volunteer service.  Yes  No

By submitting my Application, I agree that all of the proceeding questions are answered truthfully and to the best of my abilities.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if applicant is under **18 years** Relationship Date

Release Authorization And Fair Credit Reporting Act Disclosure  
**[For Employment/Non Employed Staff Purposes - Minors]**

The applicant for employment/non employment staff positions acknowledges that this company may now, or at any time while a staff member, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>). For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

I understand the meaning of this Release Authorization form, and I and/or my parents or legal guardian(s) have had the opportunity to raise any questions about it before signing it. My signature below is completely voluntary, without coercion or duress of any kind, and I am signing this release and consent solely as a condition for consideration of employment or continued employment.

By signing below, together with my parent(s) or guardian approval, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes       No   
Initials                  Initials

If an investigative consumer report and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes       No   
Initials                  Initials

**PARENT OR LEGAL GUARDIAN ACKNOWLEDGMENT AND AUTHORIZATION**

The undersigned parent(s) and/or guardian(s) of the applicant/employee hereby agree with the applicable statements in this RELEASE AUTHORIZATION AND FAIR CREDIT REPORTING ACT DISCLOSURE. By signing below, I/we fully provide consent on behalf of my/our minor child to authorize a background check for purposes of this Release.

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**Parent Name or Guardian Signature**                      **Date**                      **Printed Parent or Guardian Name**

# CODE OF CONDUCT



## ***To all St. Claire HealthCare Staff, Physicians, Volunteers, Students or Vendors;***

St. Claire HealthCare (SCH) has been part of the fabric of our community since 1963. We have lived our mission by proclaiming God's goodness through a healing ministry to the people of Eastern Kentucky. We commit ourselves to clinical and service excellence and to operate according to high moral, ethical and legal standards.

Reflective of the SCH Mission, Vision, Philosophy, Core Values, Integrity Standards and Customer Service Standards, this Code of Conduct communicates values, principles and standards which serve as the basis for all SCH activities. The Philosophy of St. Claire HealthCare which flows from the conviction that God is the giver of life is expressed through the hearts and hands of those who minister at St. Claire HealthCare. All of you play a vital role in this mission and in the tradition of enhancing the quality of life of the individuals and communities we serve.

### **Core Values**

**Dignity** - Because life is a sacred gift from God, I will treat each person with courtesy and respect. Christian values will influence my decisions and characterize my relationships.

**Compassion** - Our ministry touches the core of life; therefore, I will provide service with heartfelt care and concern for patients and for one another.

**Excellence** - Because every facet of human life is valued, I will provide quality service in a professional and sensitive manner with concern for the whole person. I will take pride in my work, using my talents and skills to improve our ministry.

**Commitment** - Because of our deep spiritual heritage, I will dedicate myself to improve the quality of health of communities, especially the poor and underserved. I will use resources responsibly and with integrity.

**Collaboration** - I will provide services, address problems, and develop programs with a spirit of cooperation and teamwork with each other, our physicians, the community, and others involved in healthcare.

### **Integrity**

**Acknowledge, understand and comply with policies and procedures that apply to my work.** I agree to comply with all of the policies and procedures that relate to my work at SCH including the Integrity Standards. I agree that if I do not know whether an action is permitted or required, I will ask my supervisor, review the relevant SCH and department policies or follow the chain of command as defined in the Integrity Standards.

**Avoid fraud, waste and abuse.** I will accurately and honestly perform my work for SCH and will not engage in any activity intended to defraud anyone of money, property or services. I will not request or accept payment, either directly or indirectly, that is intended to induce referrals or to induce the purchasing, leasing, ordering or arranging for any item or service at or from any organization or facility. I will comply with SCH policies on conflicts of interest and on interactions between vendors and staff. I will report any potential fraudulent or false claims, inappropriate billing practices, or similar concerns to my supervisor or the Integrity Officer.

**Protect confidentiality and security of information.** I may have access to proprietary or confidential information (including protected health information) about SCH operations, staff, and/or patients. All of this information, in whatever form transmitted or received (e.g., oral, fax, photographic, written electronic), must be treated by me in a confidential and secure fashion. I have completed and understand any HIPAA training required for my position.

✓ I will not access, release, or share sensitive information – even demographic screens with addresses and phone numbers – unless doing so is necessary as a part of my assigned duties, and I am authorized to do so by a Release of Information form.

✓ I understand that my access to SCH systems containing sensitive information may be audited at any time, with or without cause. I understand that I am responsible for any access that occurs using my password.

✓ I will protect sensitive information. I will not share my passwords or access to any SCH systems or application with any other person.

✓ I will be careful to avoid inadvertently revealing sensitive information, including avoiding discussions of sensitive information in public places.

✓ I will not remove sensitive information from SCH without my supervisor's permission and I understand that I am responsible for maintaining the security of such information in accord with SCH standards. If I use a portable electronic device (e.g., laptop, PDA), I will ensure that it meets SCH security policies and standards.

✓ I understand that when my employment, affiliation, visitation or assignment with SCH ends, I may not take any sensitive information with me and I may not reveal any SCH sensitive information to any third person except as permitted by a Release of Information form (in the case of individually identifiable private information) or by written release from an authorized SCH representative (in the case of proprietary information).

**Disclose actual and potential conflicts of interest and comply with any plans imposed to manage those conflicts.** I agree to report any potential or actual conflicts of interest or commitment, and I have reported any current potential or actual conflicts of which I am aware. An actual or potential conflict occurs if I or a family or household member has an outside personal, professional, commercial, or financial interest. These relationships or activities can compromise or be perceived to compromise openness, decisions, scientific integrity, independence and public trust.

**I understand that if I do not comply with SCH policies and procedures or applicable law, I may be subject to immediate disciplinary or corrective action, up to and including dismissal, termination of contract, and/or loss of access to SCH property or resources.** I understand that noncompliance with federal or state law may result in criminal and civil penalties against SCH, my employer (if I am employed by another entity) and/or me personally.

**I agree to immediately report suspected noncompliance or instances of alleged unethical or illegal conduct or violation of privacy** to my supervisor, or to the SCH Integrity Officer or SCH Privacy Officer. I understand that I may continue to raise the issue through the chain of command and also make such a report anonymously to the Integrity Hotline (540) 368-1900. I agree to cooperate with any investigation of possible noncompliance and not to withhold relevant information.

**I will immediately report** to my supervisor and Medical Staff Service (if I am a member of the medical staff, physician's assistant, or advanced practice nurse) or Human Resources (if I am licensed, certified, or registered as a health professional) any suspension, restriction, termination, or change in status of any health professions license that I hold.

### **Healing Promises - Customer Service Standards**

I will abide by SCH's Customer Service Standards, following the Healing Promises principles to **Help** one another, **Engage** myself, **Anticipate** needs, **Listen** and **Lessen** fears and anxiety, **Introduce** and **Inform**, **Notice** my actions and surrounding, and **Go** the extra mile.

I will use **AIDET** communication standards with every patient: **Acknowledge** the patient, **Introduce** myself, anticipate the **Duration**, **Explain** what I do and say "Thank you".

### **Behavioral Standards for Customer Service**

The SCH Behavioral Standards for Customer Service are divided into categories with specific behaviors to illustrate **HEALING Promises** and **SCH mission**. The Standards serve as the foundation for all customer service strategies and signify the commitment of every employee to provide excellent customer service to "every patient, every time."

*We define customers as every patient, family member, physician, visitor, corporate representative and coworker.*

#### **Greeting, welcome, and appreciation**

✓ I will greet customers by making eye contact, smiling, addressing them by their last name (unless directed otherwise), and introducing myself by name and department or title.

✓ I will provide our customers with directions or assistance when necessary.

✓ I will wear my identification badge at shoulder level, facing forward, and free of stickers and pins.

✓ I will acknowledge the contributions of staff and others by saying "please" and "thank you".

#### **Professional telephone behavior**

✓ I will use my individual and/or departmental voice mail at a minimum and answer the phone within three rings. I will introduce my department and name, conveying, "may I help you" through my tone of voice.

✓ I will ask for approval before placing the caller on hold.

✓ I will transfer calls by researching the correct number and providing the number before transferring.

✓ I will demonstrate appreciation when ending a call by thanking them for calling or offering future assistance.

**Confidentiality and Privacy**

- ✓ I will knock on patients’ doors, pause appropriately before entering, and indicate who I am.
- ✓ I will emphasize to patients that privacy is important to us and will demonstrate this commitment by asking preferences regarding curtains and doors.
- ✓ I will protect privacy and health care information according to HIPAA regulations; I will be sensitive to my co-workers’ privacy and avoid disclosing personal information.

**Communication**

- ✓ I will actively listen, focusing on the person and checking for understanding by repeating and asking questions.
- ✓ I will provide positive, professional, and prompt responses and ensure my facial expressions and tone of voice are consistent with my words.
- ✓ I will be attentive to customers’ thoughts and feelings and adapt my response to make them feel comfortable and understood.
- ✓ I will project a positive presence and ensure that my work-related or personal frustrations are kept separate from my patient care and professional activities.

**Respect and Teamwork**

- ✓ I will recognize, respect, and respond to the diversity of our customers.
- ✓ I will take action to protect the dignity of our patients/customers.
- ✓ I will work with a spirit of cooperation and teamwork.

**Responsiveness**

- ✓ I will be attentive to customers’ comments, body language, and voice tone and offer my assistance; I will be considerate of their feelings by acknowledging any inconvenience.
- ✓ I will convey to customers that I am genuinely interested in assisting them by using “yes” words and phrases such as, “I’m happy to help you” or, “It’s my pleasure.”
- ✓ I will take action to resolve matters brought to my attention. If I am unable to resolve, I will involve the appropriate person or department.
- ✓ I will follow up with customers by providing status updates. I will assess customers’ level of satisfaction by asking, “have your needs been met?” or, “are you satisfied?”

**Environment**

- ✓ I will take ownership for the appearance of St. Claire HealthCare’s campuses by picking up and disposing of trash inside or outside of the facilities. I will ensure my workplace is neat, organized, and free of clutter.
- ✓ I will take responsibility for reducing noise levels in patient care, work, and public areas.
- ✓ I will report any patient safety or environment of care issues or concerns following SCH’s reporting structure.

**ACKNOWLEDGEMENT**

*By signing below, I certify that I have read and understand SCH’s Code of Conduct and I agree to abide by all of the terms and conditions set forth in the Code of Conduct. I understand my individual responsibility to maintain a positive work environment for others and myself and a healing environment for our patients and families. Additionally, I certify that I will comply with all SCH policies and procedures, including those that require me to report any suspected noncompliance.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Reference: St. Claire HealthCare Integrity Standards Expectations for St. Claire HealthCare Medical Staff  
HR Policy HR-02-0002 Conduct and Performance 11/2017

**This Page To Be Completed By Director Of Volunteer Services**

**Section A**

Applicant Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B**

**St. Claire Healthcare Volunteer Applicant Checklist**

Activity	Date Completed	Confirmed By SCH DVS	Verified By Foundation Executive Director
Completed Application Received			
Personal Interview Conducted by SCH DVS			
Criminal Background Check Conducted Date: _____			
Drug test performed Date: _____			
Volunteer Health Screening Completed			
Onboarding HealthStream Completed			
Volunteer General Orientation Completed (Dress code, parking, facility tour)			
Signed Volunteer Position Description			
Approved to Volunteer/Notification Letter Sent			
Name Badge Given			
Placed at Volunteer Station:			
Received Specific Job Training By:			
Parking Tag Number:			

Date of termination: \_\_\_\_\_ Dir. Volunteer Services: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_