



*Volunteer Services Department
211 South Third Street
Belleville, Illinois 62220
618-234-2120 ext. 1280*

DEAR PERSPECTIVE VOLUNTEER/INTERN,

Thank you for your interest in our volunteer program. Volunteering in a hospital is a very rewarding experience. In addition to the satisfaction you receive from helping others, you also provide valuable assistance to the patients and staff. Remember not all volunteer assignments involve direct contact with the patients yet each and every assignment is important to the overall functioning of the hospital.

To be a volunteer you must:

1. Be physically capable of doing volunteer work. If you have any physical limitations, please inform Volunteer Services so that your volunteer assignment will be kept within your abilities
2. Be responsible for purchasing/renting and maintaining a volunteer uniform vest in adherence to the Volunteer Department's dress code (a refundable deposit is required to rent the volunteer uniform vest) The uniform vest as well as a volunteer badge must be worn while volunteering
3. Be responsible for providing your own transportation
4. Attend the appropriate initial orientation and training sessions as well as any additional training that may be required as a volunteer
5. Complete the application containing your signature

Volunteer orientations are held on a regular basis, and are informational and educational in nature. It is mandatory that you attend an orientation and receive the proper training before you are eligible for placement. Please complete the attached application and mail it back to the hospital. Once your application has been received an interview will be set up with People Services.

Thank you again and we look forward to your participation in our Volunteer Program.

Sincerely,

Donna Meyers
Director Mission Integration/Volunteers
HSHS St. Elizabeth's Hospital



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VOLUNTEER/INTERN APPLICATION

Please Print

Date

Name Last First Middle

Home Address Street City State/Zip Code

Home Phone Cell Phone

E-mail Address

Social Security Number Birth Date

Marital Status Male Female

Employment Status:

Employed Unemployed Retired Homemaker

In an emergency, Contact: Name Phone Number

Educational Background:

High School Name of School Specialty/Major Degree/License

College

Bus./Voc.

Do you have previous experience as a Volunteer? Yes No

Where?

Please list the names and addresses of two people we can contact to submit a personal/confidential reference for you:

Name _____

Address _____

City, State, Zip Code _____

Name _____

Address _____

City, State, Zip Code _____

Please give careful consideration to your schedule before completing this section. Volunteer assignments are primarily on a weekday basis.

Please list your three choices in order of preference:

	DAY	TIME
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Comments:

Hobbies, Interests, Training, Previous Hospital Work: _____

Community affiliations (Church, Clubs, etc.): _____

How did you hear of our Volunteer Program? _____

Why do you want to be a Volunteer at St. Elizabeth's Hospital? _____

Name and phone number of family physician: _____

Have you ever been convicted of a crime? Yes ___ No ___

This above question must be answered 'YES' if you have ever been convicted of, found guilty of, or pleaded guilty to any crime of any kind. This includes convictions as a juvenile, traffic offense, court supervision or probation, or convictions that are dismissed after completing court supervision or probation. Failure to list any criminal conviction may result in termination if volunteering or ineligibility to volunteer.

I have reviewed and understand the information for completing this section of the Volunteer application.

Applicant Signature _____



HSHS St. Elizabeth's Hospital Confidentiality Acknowledgment

Any information gained through association with St. Elizabeth's Hospital or its affiliates as an employee is confidential and, for the protection of all parties involved, must not be shared by or with anyone who is not properly authorized. Anyone employed by or associated with St. Elizabeth's Hospital shares in the responsibility to strictly protect the confidentiality of all hospital information. This level of confidentiality applies to information gained in any manner or from any source including verbal, written and electronic source.

Information concerning the treatment of patients is confidential and is not to be disclosed to any person or entity without appropriate patient authorization, subpoena, or court order. Confidential information or data is defined as any information where the individual, hospital(s), or physician(s) is named or otherwise identifiable. Any breach of confidentiality by an employee or volunteer may be cause for discipline up to and including termination of employment and/or prosecution under the law. As a condition of my employment or association with St. Elizabeth's Hospital and its affiliates, I agree not too directly or indirectly disclose this information without proper authority including but not limited to the specific scenarios given below:

1. I will avoid any action that will provide confidential information to any unauthorized individual or agency.
2. I will not engage in any action or discussion involving privileged or confidential information in any form in common areas of the hospital or its affiliate entities (i.e. cafeteria, elevators, hallways, stairwells). If I observe any action or discussion involving confidential information, I will report it immediately to my supervisor.
3. I will not review patient information or files for which I am not authorized.
4. I will not make copies of any patient or other confidential data without specific authorization.
5. I will not remove confidential information from the facility except as authorized in the performance of my job.
6. I will not discuss in any manner, with any unauthorized person, employee, or non-employee, confidential information of any kind.
7. I will not provide my computer password or file access codes to any other employee or other unauthorized person. I will use only my assigned logon ID(s) and password (s) when using hospital hardware. I will use St. Elizabeth's Hospital computer capabilities only to the extent I am authorized to complete my job function.
8. If I observe unauthorized access or release of confidential records or data to other persons, I will report it immediately to my supervisor. I understand that failure to report violations of confidentiality by others is just as serious as my own violation.

I have read and understand this Acknowledgement and Agreement and will demonstrate my willingness to abide by these policies and procedures by signing below. I further understand and acknowledge that this Acknowledgement and Agreement does not constitute an employment contract and does not alter the at-will nature of my employment relationship with St. Elizabeth's Hospital or its affiliates.

Signature _____ Date _____

Print Name _____ Employee Number _____

Department _____



Reminders prior to arriving for your physical:

- 1.) Bring a photo ID (driver's license or any other state issued photo ID)
- 2.) Bring any vaccination records with you, including if you have had any previous Tuberculosis or Hepatitis inoculations. If you are unsure about any vaccinations you may have received and cannot obtain medical records a blood test can be performed the day of your physical in the hospital's lab.

New Volunteers need the following:

MMR- 2 dates or positive titers for the Rubeola and Rubella virus. If not available, R and R titers can be drawn at our lab.

Hepatitis- 3 dates

Chicken Pox history- had the disease or proof of 2 Varicella vaccines.
Can be sent for titers if none of the previous available.

2 step TB- we can accept one outside TB if it was given within the previous 12 months and verification can be provided with the date given, results, and date read.

TB given and then read 2-3 days later
2 weeks after the first the 2nd TB given and read in 2-3 days.