

# **Volunteer Requirements**

Minimum Age: 16 years old and enrolled in high school courses.

**Number of Hours Required:** Volunteers must commit to a **minimum of 75 hours** of services and a minimum of 4 hours of service per week is required. However, the amount of hours may be subject to change depending upon the needs of the department, volunteer and with approval of the Volunteer supervisor.

**Processing Required:** Prospective volunteers must complete a volunteer application which contains the name and signature of his/her supervisor and two personal reference (non-related). All volunteers must submit a completed background check form to the Department of Volunteer Services prior to getting started as a volunteer.

**Interview(s):** A screening interview must be scheduled with the Department of Volunteer Services if you have not been pre-placed in a department. Applications are reviewed and considered based on assessed skills, interests, level of demonstrated commitment and the availability of volunteer positions. The reference check and a criminal background check are then conducted. Upon successful completion of these checks, the applicant must schedule and attend an interview with a potential supervisor. During the interview a Placement Interview form must be completed by the interviewer and applicant.

<u>Health Related Documentation</u>: Volunteers considering serving patient care areas who were born after January 1, 1957 must provide documentation of varicella (chickenpox) and measles/mumps/rubella (MMR) vaccination.

Employees, faculty, physicians, staff, students and **volunteers**, as well as at the schools of nursing and Public Health, are required to receive the flu vaccination during flu season.

All prospective volunteers are screened for tuberculosis and must be determined o be free of active infection by the Department of Occupational Health before beginning service within the Hospital. Any volunteer with a positive reaction to the PPD test is advised to follow up with a chest x-ray and further medical treatment if so determined.

Volunteers who serve clinical areas must receive a TB screening on an annual basis to maintain an active status.

**Orientation and Training:** Once he application, background, check, interviews and placement form have been completed the orientation and training will be done next. Training topics include a general overview of the volunteer program, benefits and expectations the online training can be taken on any computer with and internet connection.

Volunteers must repeat the Volunteer Services Orientation course **annually** to maintain an active status.

Volunteers should be properly trained by their departmental supervisor or designated staff to successfully complete assigned tasks. This training is divided into two areas: basic workplace instruction (e.g. location of bathroom, where to put coat, etc.) and job instruction.

<u>Attendance:</u> Volunteers are expected to meet their commitments to their scheduled service hours. Supervisors must be notified of any absences in advance or as soon as possible. The Department of Volunteer Services should be notified of any extensive absences. After 3 consecutive unexcused absences without notification, the supervisor and/or the Department of Volunteer Services reserve the right to terminate a volunteer.

All volunteers must sign-in and -out when reporting for service. Failure to do so and illegible handwriting will result in service hours not being recorded. Time can be recorded on time sheet, online or via email.

**Evaluation:** All volunteers should demonstrate a good understanding of assigned tasks. A competency assessment by the supervisor should be given after 90 days of service and then on an annual basis of the start date.

# AM & FM Enterprise Volunteer Application



# **Contact Information**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

# **Availability**

During which hours are you available for volunteer assignments?

Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering

\_\_\_\_ Administration

- \_\_\_\_ Events
- \_\_\_\_ Field work
- \_\_\_\_ Fundraising
- \_\_\_\_ Deliveries
- \_\_\_\_ Phone bank
- \_\_\_\_ Newsletter production
- \_\_\_\_ Volunteer coordination

#### **Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## **Previous Volunteer Experience**

Summarize your previous volunteer experience.

#### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

# **Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

#### **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.