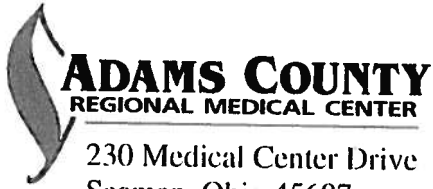




ADAMS COUNTY
REGIONAL MEDICAL CENTER

**VOLUNTEEN
PROGRAM
PACKET**



230 Medical Center Drive
Seaman, Ohio 45697
937-386-3400

Adams County Regional Medical Center would like to invite you to participate in our Volunteer Program. We at Adams County Regional Medical Center would like to encourage any student interested in the health care field the opportunity to volunteer in many areas with in the Hospital.

This program was developed to allow teens the opportunity to witness the different positions in a hospital in order to determine if they would like to study a health related field.

The Volunteer Program is open to all students, 14-18 years of age, who have completed 8th grade, and have a GPA of 2.5 or higher. Students will have the opportunity to contribute to their community with service hours and receive valuable learning experience in the process.

After this application is received, you will be receiving a call regarding our mandatory orientation presentation, which will need to be completed before your volunteer experience starts. If you have any questions in the meantime, please do not hesitate to call Student Services at 937-386-3001.

Thank you

A handwritten signature in black ink, appearing to read "Sue", followed by a long, horizontal, wavy flourish.

Student Services

ACRMC VOLUNTEEN PROGRAM OVERVIEW

HOURS OF DUTY

Evenings-4:00pm to 7:00pm or Weekends/Summer/Holidays-8:00am-4:00pm, 4:00pm-7:00pm

SCHEDULING

- Hours will be scheduled through the Volunteen Coordinator. Variations may be approved.
- Your schedule will be determined in advance. If you are unable to work the scheduled hours assigned, the assigned department specific liaison is to be notified as soon as possible at 386-3400, between the hours of 8:30am and 4:00pm.

PROBATION

- Each Volunteen will be on probation until he/she has completed orientation, 15 hours of duty, and obtained a satisfactory evaluation
- During the probationary period, the Volunteen will be assigned to a specific department liaison.

DRESS CODE

1. Clothing must be clean and neat
2. Shoes must be clean and polished, white or dark colored
3. All Volunteens must wear socks or hose
4. Clean white or light colored top (blouse/shirt) under smock/lab coat, or ACRMC shirt.
5. Clean white, dark or khaki slacks
6. Name badge (provided by the Hospital)

The following clothing is not acceptable:

1. Low cut, sleeveless, tank tops, sheer, see through or short shirts, crop tops
2. Knit leggings/pants
3. Tight provocative or short clothing
4. Colored underwear beneath light colored pants
5. Sundresses or other types of clothing which bare the shoulders and/or back
6. Shorts, skirts, culottes, capris or cropped pants
7. Sweat shirts or sweat pants
8. Printed or pocket t-shirts (plain and ACRMC logo acceptable)
9. Denim clothing of any color
10. Sandals, flip flops or open toed shoes

BASIC DUTIES/RESPONSIBILITIES/ (Med-Surg Unit)

Distribute and collect meal trays	Distribute water and ice to patients
Make an unoccupied bed	Clean or straighten units
Answer call lights	Clean IV pumps/equipment
Open mail, read letters/cards to patients	Visit with patients who feel lonely/isolated
Run errands	Assist with transportation of patients
Assist in cleaning nursing station/utility rooms	Work one on one with the nursing staff

ADVANCED (50 HOURS) (MED/SURG UNIT)

1. Must have successfully completed Heartsaver CPR course
2. Prepare hospital rooms for admissions
3. Assist with hair and fingernail care (DOES NOT CUT NAILS)
4. Assist with feeding patients as assigned, after completion of training module

BASIC DUTIES/RESPONSIBILITIES (DEPARTMENT SPECIFIC)

<u>LAB</u>	<u>CARDIOPULMONARY</u>	<u>CARDIAC REHAB</u>	<u>ADMINISTRATION</u>
Answer phones	Answer phones	Set up equipment	Clerical duties
Deliver reports	Clerical duties	Monitor patients on exercise	Run errands
Transport specimens	One on one with staff	Provide water to patients	
One on one with staff (must sign biohazard consent form)			
<u>OUTPATIENT CLINIC</u>	<u>IMAGING</u>	<u>PHYSICAL THERAPY</u>	<u>BUSINESS OFFICE</u>
Transport patients	Answer phones	Hot/cold packs	Clerical duties
Transport lab specimens	Transport patients	Stock linens	
Prepare patient area	File	Assist with exercise	<u>OCC. THERAPY</u>
Stock supplies	Darkroom/develop films	One on one with staff	Clerical duties
Clerical duties	Room prep/clean		One on one with staff
	Stock linens, etc.		
<u>EMERGENCY ROOM (must interview)</u>		<u>SURGERY (must interview)</u>	
Transport patients		Transport patients/lab specimens	
Transport lab specimens		Prepare charts	
Prepare patient area		Obtain patient education/intranet	
Clean instruments		One on one with Surgical Tech	
Clerical duties		One on one with Perioperative Nurse	
Prepare charts		Heartsaver CPR	
One on one with staff		Must have patient consent	
Hartsaver CPR		Must have specific parental consent	

EVALUATIONS

Volunteers will be evaluated annually by the department-specific liaison(s), and reviewed by the Department Manager, Volunteer Coordinator and Director of Allied Health Services. Volunteers will also be asked to complete an evaluation of the Volunteer Program on an annual basis.

DISMISSAL

1. A Volunteer may be dismissed for violation of any of the guidelines set up for the Volunteer Program, but not without prior approval of the Department Manager of the department the Volunteer is volunteering in and the Administrative Team
2. A letter of dismissal will be sent to the Volunteer and his/her parent(s)/legal guardian

RECORDS

The Volunteer Director will maintain all records and files of those volunteers participating in the Volunteer Program at ACRMC.

MEALS

All meals in the Hospital Cafeteria, while on duty at the Hospital, are free, up to \$3.00. Volunteer is responsible for any charges above \$3.00.



Flu Shot and TB Test!

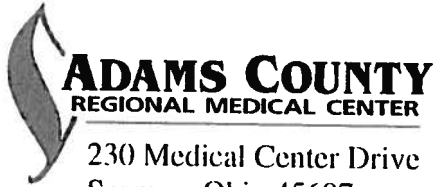
All Observers, Preceptors, Students, and Volunteers must have proof of a TB Test and Flu Shot.

If you do not want to get a flu shot and flu restrictions come into effect you must wear a mask while in ACRMC.

Please get proof of your TB test and Flu shot to me in Administration ASAP!

Thanks,
Shelby May





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HOW TO BECOME AN ACRMC VOLUNTEER

1. Applicants must be 14 to 18 years of age and have completed the 8th grade.
2. Applicants must maintain at least a 2.5 grade point average.
3. Applicants must be physically able to carry out assigned duties.
4. Applicants must complete the attached application entirely and turn in the ACRMC Student Services Coordinator.
5. Applicants must attach the following documents to the application when turning it in to ACRMC.
 - Copy of current school transcript
 - Completed and signed application
 - Signed Confidentiality Form
 - Signed Eligibility and Requirements Form
 - Two letters of reference

Upon receipt of your completed application and after references have been contacted, you will be scheduled for an interview with the Student Services Coordinator.

Please list any school, community or church activities

Current Career Interests

Please list any office(s) held in clubs, etc.

Please list any volunteer experience you have had

Name of Organization:

Dates – from:

to:

Duties:

What did you like about the experience?

What did you dislike about the experience?

Name of Organization:

Dates – from:

to:

Duties:

What did you like about the experience?

What did you dislike about the experience?

Disclaimer and Signature

Parent or Guardian Signature Required

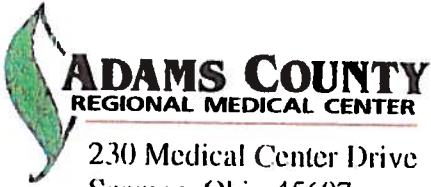
I hereby give permission for my son/daughter to participate in the ACRMC Volunteen Program and understand that my child must attend scheduled orientation and shift scheduled to remain in the program. I assume full responsibility for the required transportation of my child to and from ACRMC and agree to support the requirements of the Volunteen Program.

Teen Signature:

Date:

Parent/Guardian Signature:

Date:



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VOLUNTEEN PROGRAM CONFIDENTIALITY AGREEMENT

All employees, volunteers, contracted employees and physicians, hereinafter known as "staff" are required by policy and law to safeguard the confidential health information of the Hospitals' patients.

The staff understands that by signing this agreement, he or she will comply with all Hospital policies and procedures in protecting the privacy of patient health information.

The staff will agree to the following as part of their relationship with the Hospital:

1. Compliance to all Hospital privacy and security policies.
2. Access or view only the minimum necessary protected health information as defined by Hospital policy and procedure for my assigned job classification.
3. No disclosure of protected health information will be made outside of the Hospital or within the Hospital to individuals or staff who do not have the required authority. Disclosure or discussion of protected health information with family, friends, or others outside of the Hospital who do not have a "need to know," as defined by law and Hospital policy, is prohibited.
4. Reasonable precautions will be taken to protect patient health information used during verbal discussions with other caregivers or staff that have the right to access, as defined by their job classification. Protected health information will be discussed in private with only those individuals with the "need to know," unless emergency circumstances dictate that the information must be exchanged immediately.
5. All passwords used to access the Hospital's computer systems are part of this agreement and will be protected from disclosure to others. Passwords will not be disclosed to other staff to allow them access nor will passwords of other staff be used to access. Staff will log off the computer prior to leaving it unattended.
6. All protected health information is the property of the Hospital and the patient. The transfer, transmission, modification, or purging of computer or hardcopy files is prohibited unless authorized by Hospital privacy and procedure.
7. All reasonable precautions will be taken to protect all hardcopy files or documents with patient health information from unauthorized viewing by the public and other staff.
8. All known violations by the staff or any other person of Hospital privacy and security policies will be reported to management immediately.
9. Should the individual leave the employment of the Hospital, they will continue to be bound by their obligations under this agreement.
10. Violation of this Agreement will result in disciplinary action as defined by the Hospital's Sanction Policy.

I have read the above Agreement and agree to comply with all its terms.

Volunteen Signature

Date

Parent/Legal Guardian Signature

Date



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VOLUNTEEN PROGRAM ORIENTATION

The orientation program will consist of information on the following topics:

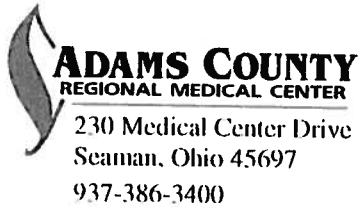
1. Confidentiality
2. Responsibilities/duties
3. Dress Code
4. Professionalism
5. Communication
6. Public Relations
7. Infection Control
8. OSHA/Biohazards
9. Safety
10. Fire Safety/Disaster Plan
11. Parking/Meals
12. Hospital Tour
13. On Job Training

The program will be conducted through the Student Services Department and will be schedule with the student upon acceptance of the program.

Date: _____

Oriented by: _____

Name of Student: _____



**Volunteering Program
Eligibility and Requirements
Return Signed with Application**

The following items must be met in order to participate in our Volunteer Program. Please review them carefully, sign and date along with parent/guardians signature.

- To participate in the program you must be 14-18 years of age and have completed the 8th grade
- You are required to complete the application and return it to Student Services with a current transcript and 2 letters of reference
- A TB test is required with a flu shot only during flu season being required
- This program does not place individuals to be trained for paid positions
- Volunteers will have to abide by the dress requirements
- Volunteers may only volunteer between the hours of 8am and 7pm
- Volunteers must have strong communication and English grammar skills to be able to communicate with patients, visitors, staff and supervisors
- Not all applicants will be considered for the Volunteer Program; space may be limited and department of choice may not be guaranteed
- Volunteers are required to attend initial orientation
- Volunteers will be issued an ACRMC badge that must be worn while on duty
- Volunteers must be reliable. If unable to make your shift, call the department manager of your assigned department and let them know as soon as you can
- Volunteers must demonstrate willingness to help staff, patients, visitors, physicians, and other volunteers whenever possible
- Volunteers are responsible to update the volunteer office with changes to contact information
- Volunteers may be required to withstand long periods of walking and standing
- Volunteers are expected to abide by all rules of conduct

The above requirements must be agreed to and met in order for you to participate in the volunteer program at ACRMC. Applicants who do not comply with these requirements, or who return incomplete information will not be invited to participate in the program. In addition, your status as a Volunteer may be rescinded at any time if you do not follow the eligibility and requirements listed above. Failure to meet any of the above may result in disciplinary action. Your status may be rescinded for any other circumstances which could be harmful to the best interests of the medical center, and/or the volunteer program.

I have read and understand the eligibility and requirements as stated above and agree to follow them while participating in the Volunteer Program at ACRMC.

Volunteer Name Printed

Volunteer Signature

Date

Parent/Guardian Printed

Date

Parent/Guardian Signature



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VOLUNTEEN PROGRAM
RULES OF CONDUCT

1. The following attributes must be maintained at all times
 - Confidentiality
 - Honesty
 - Safety
 - Cleanliness
 - Orderliness
 - Following Instructions
 - Accountability
 - Refrain from abusive language or behavior
2. No smoking on Hospital premises
3. No running, fighting, shouting while on duty
4. No personal phone calls are to be made – unless an emergency situation exists
5. No visiting with personal friends while on duty
6. No sitting while on duty, unless assisted a job where sitting is required

Volunteers may not leave the Hospital during scheduled hours unless prior arrangements are made and approved by parent/guardian (i.e. emergency situations, appointments, etc.). Adams County Regional Medical Center assumes no responsibility for unauthorized departure from the facility.

Any infractions of the rules of conduct or inability to perform or maintain qualifications for the program will result in the student being released from the program.

Travel arrangements to and from the Hospital for duty is the responsibility of the Volunteer and/or parent/legal guardian.



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VOLUNTEEN PROGRAM
RULES OF CONDUCT

I certify that I have received the Volunteen Program Rules of Conduct and vow to abide by them.

Volunteen's Signature

Date

Parent/Guardian Signature

Date

