

Volunteer Information Sheet

Thank you for your interest in volunteering at Samaritan Pacific Communities Hospital. Enclosed please find an application form, confidentiality statement and my business card.

Process for joining the Junior or Senior Auxiliary and volunteering at SPCH.

1. Fill out and mail the enclosed application form.
2. We will call to schedule an individual interview as time allows and openings become available. We will schedule your Interview as soon as possible and time to first placement will be based on availability of openings.

Please Note: Due to our application process, it may be a couple of weeks before we call you to schedule an interview. Reference requests are sent out per your listed references upon return of application; however, it may be a few weeks before these requests are returned from your references.

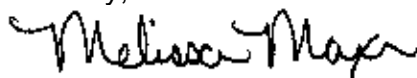
3. At the interview you will receive volunteer information, review service descriptions and schedules and receive a packet, which is part of orientation, to do at home. We will review your skills and interests. When a volunteer assignment has been determined, you will be scheduled to attend an orientation session.
4. Upon a successful interview, a Criminal Background check will be run.
5. At the orientation you will receive a packet of information including your volunteer service description and required training forms. Your picture will be taken for an identification badge, and you will set up an appointment to visit with our Employee Health Nurse. Membership to the Auxiliary is free for active volunteers. Please feel free to come join us at our membership meetings the second Thursday of every odd month, 11:30 am in the Education Room.
6. When you are placed into an assignment you will be trained in your area of service.

Other requirements:

- Volunteers must be at least 15 years of age to participate.
- Typically individuals volunteer at least once per week for 2-4 hours at a time. This schedule is based upon the desires of the volunteer and the volunteer time needed for an assignment.

Again, thank you for your interest in SPCH. Your work as a volunteer contributes a great amount to our employees, patients and the hospital.

Sincerely,



Melissa Maxon
Volunteer Services Coordinator
(541) 574-4885 ext 2537

SAMARITAN PACIFIC HEALTH SERVICES AUXILIARY
Newport, Oregon

AUXILIARY POLICY & PROCEDURE

#100

Subject: TRIAL SERVICE PERIOD									
Written: 8/01					Effective: 8/01				
Revised:									

PURPOSE: The purpose of this policy is to define the Trial Service Period (probation), its length, and its use with Samaritan Pacific Health Services Auxiliary.

POLICY: The Trial Service Period shall be that initial period of volunteer work, in a given Auxiliary position. This initial period is a time of determining the suitability of the volunteer and position on the part of the Auxiliary and the volunteer.

1. During this probationary release period, the volunteer may terminate or be terminated, with or without cause, and with or without notice.
2. At the conclusion of the probationary release period, the volunteer and his/her immediate supervisor will participate in a probationary evaluation.
3. For all volunteers, the probationary release period is 2 calendar months.

Approved: Phyllis Goodell
Auxiliary President

Date: 10/23/01

Approved: Lynn
Human Resources Director

Date: 10/24/01

Approved: Michael
Administrator

Date: 10/24/01

SAMARITAN PACIFIC HEALTH SERVICES AUXILIARY
Newport, Oregon

AUXILIARY POLICY & PROCEDURE

#101

Subject: CONFIDENTIALITY									
Written: 2/02					Effective: 2/02				
Revised:									

PURPOSE: To establish and communicate guidelines to protect information and provide privacy of information that is used by Samaritan Pacific Health Services, and to ensure that such information is used and released only as authorized.

POLICY: Auxilians are expected to act as professionals and adhere to a high level of confidentiality in all Samaritan Pacific Health Services employee/patient/family matters. Confidential information is defined as, but is not limited to, information about patients' names, diagnosis, treatment, or special family problems and information pertaining to the employees of Samaritan Pacific Health Services. Information that is obtained pertaining to patients, employees, medical staff or other individuals and organizations shall only be used for necessary Auxiliary related purposes. Information of extreme confidentiality will only be shared with the appropriate Department Manager, Human Resources Director, Quality Assurance Director, or Administrator. Information shall not be released to individuals who do not have regular and customary need for the information to provide service unless authorized by the appropriate SPHS representative.

CONFIDENTIALITY STATEMENT:

I understand that I will be exposed to information of a confidential nature pertaining to employees, patients or families in the course of my assignment with the Auxiliary. I further understand this information is to be kept confidential and that I will not discuss it with other Auxilians. If I need to discuss information I will contact the appropriate Department Manager, Human Resources Director, Quality Assurance Director or Administrator.

I hereby agree that I will not falsify, alter, copy, remove, destroy, or disclose any information or records of Samaritan Pacific Health Services without proper authorization. I further agree not to use any organizational or patient records for personal gain. I understand that any violation of the confidentiality of any information may result in suspension/termination of my Auxiliary membership.

Date

Printed Name

Signature



Volunteer/Auxiliary Application
Samaritan Pacific Communities Hospital
 930 SW Abbey Street / P.O. Box 945
 Newport, OR 97365 (541) 574-4885 ext 2537

FOR OFFICE USE ONLY	
Date rec'd	_____
Contacted	_____
Interview	_____
Dept. Assigned	_____

INSTRUCTIONS: Please furnish all information requested on this form. If you wish to supply additional education or work history information please attach a separate sheet. Please type or print all information clearly. We appreciate your interest in volunteering here and we are sincerely interested in your qualifications. A clear understanding of your abilities and interests will assist us in placing you in an available opening for which you are best suited.

PERSONAL DATA

Name

Last	First	Middle	Email address
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Present Address

Street	City	State	Zip	() ()	Home Phone	Work Phone
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EDUCATION

High School

Name	Location	Diploma Received?
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Colleges or Schools after high school (including military service)

Name	Location	Academic Major/Trade	Degree Received?
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Name	Location	Academic Major/Trade	Degree Received?
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WORK EXPERIENCE

Name of employer, address & phone	Dates employed From: _____ To: _____	Job title and description of duties:
Name of employer, address & phone	Dates employed From: _____ To: _____	Job title and description of duties:

VOLUNTEER EXPERIENCE

Name of volunteer organization, address & phone	Dates employed From: _____ To: _____	Job title and description of duties:
Name of volunteer organization, address & phone	Dates employed From: _____ To: _____	Job title and description of duties:

Did you work for any of the above organizations under a different name? _____ If yes, please give the name under which you worked for each organization: _____

Have you been convicted of a criminal offense within the past five years (do not include minor traffic violations)?
 Yes ___ No ___ (Answering yes to this question will not necessarily bar the applicant from volunteering.) If yes, explain fully _____

SKILLS

LIST TRAINING AND/OR EXPERIENCE WHICH MAY QUALIFY YOU FOR THE VOLUNTEER POSITION(S) DESIRED

_____ TYPING _____ WPM	_____ BOOKKEEPING	_____ ACCOUNTING
_____ WORD PROCESSING	_____ TEN-KEY ADDING	_____ SEWING
_____ COMPUTERS	_____ CALCULATOR	_____ CASHIERING

Describe other specialized job skills or abilities, which will assist us in evaluating your qualifications:

VOLUNTEER WORK DESIRED

If known, please list type of volunteer position desired:

Samaritan Pacific Communities Hospital does not discriminate in volunteer practices because of ethnicity, religion, gender, age, disability, national origin, marital status, family relationship, or association with anyone of a particular ethnicity, religion, gender, age, disability, national origin, or marital status.

<u>Days Preferred</u>	<u>Time Preferred</u>	Morning	Afternoon	Evening
Monday _____		_____	_____	_____
Tuesday _____		_____	_____	_____
Wednesday _____		_____	_____	_____
Thursday _____		_____	_____	_____
Friday _____		_____	_____	_____
Saturday _____		_____	_____	_____
Sunday _____		_____	_____	_____

SPECIAL INTERESTS

Names, address and phone numbers of references submitted

1. _____ 2. _____

IN CASE OF ILLNESS WHILE ON DUTY, CONTACT:

_____	_____
Name	Family Doctor
_____	_____
Address	Business Address
_____	_____
City State Zip	City State Zip
_____	_____
Home Phone Business Phone	Business Phone

VOLUNTEER COMMITMENT

Upon acceptance to the volunteer program, I will accept responsibility for being punctual and dependable. I will perform my assignments, refrain from doing what I have not been trained to do, and abide by hospital ethics and policies.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I CERTIFY THAT THE INFORMATION SET FORTH IN THIS VOLUNTEER APPLICATION IS TRUE AND COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF ACCEPTED AS A VOLUNTEER, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

I FURTHER UNDERSTAND THAT MY VOLUNTEERING IS CONTINGENT UPON SUCCESSFUL COMPLETION OF REFERENCES, EDUCATIONAL AND CRIMINAL BACKGROUND INFORMATION FURNISHED BY ME. I CONSENT TO AND AUTHORIZE THE VOLUNTEER SERVICES OFFICE TO REQUEST ANY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT/VOLUNTEERING RECORD AS INDICATED ON THIS APPLICATION. I HEREBY RELEASE ALL PARTIES AND PERSONS CONNECTED WITH ANY REQUEST FOR INFORMATION FROM ALL CLAIMS, LIABILITIES, AND DAMAGES FOR WHATEVER REASON ARISING OUT OF FURNISHING SUCH JOB/VOLUNTEERING RELATED INFORMATION.

Signature of Applicant Date

Signature of Parent or Guardian (if under 18 years old) Date