

Volunteer Information Sheet

Thank you for your interest in volunteering at Samaritan Pacific Communities Hospital. Enclosed please find an application form, confidentiality statement. Due to the cost of training & processing a volunteer, please evaluate your availability to volunteer. For students, we request a 30 hour minimum commitment and for non-students, we request a 50 hour minimum commitment.

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

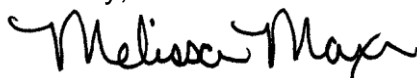
1. Fill out and mail/drop off the enclosed application form.
2. We will call to schedule an individual interview as time allows and openings become available. We will schedule your Interview as soon as possible and time to first placement will be based on availability of openings.
3. At the interview you will receive volunteer information, review service descriptions and schedules, be asked to sign a Criminal Background check consent form 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. At the orientation you will receive a packet of information including your volunteer service description and necessary training forms. Your picture will be taken for an identification badge, and you will meet with our Employee Health Nurse for a health screening which includes a TB test. 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.
5. 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.
- Be able to commit to serve at least the 30 or 50 hour minimums.

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) 574-2537



Samaritan

Pacific Communities Hospital

Auxiliary • 930 SW Abbey • Newport, OR 97365

Building healthier communities together

Confidentiality Statement

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.

Auxilians/Volunteers 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/Volunteer Services. I further understand this information is to be kept confidential and that I will not discuss it with other Auxilians/Volunteers. 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 and volunteer service.

Date

Printed Name

Signature



VOLUNTEER APPLICATION
SAMARITAN PACIFIC COMMUNITIES HOSPITAL
Volunteer Services Department
930 SW Abbey, P.O. Box 945
Newport, Oregon 97365 (541) 574-2537

FOR OFFICE USE ONLY

Date rec'd _____

Contact _____

Interviewed _____

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

Samaritan Health Services does not discriminate in volunteer practices because of race, color, religion, sex, age, disability, national origin, marital status, family relationship, genetic information or association with anyone of a particular race, color sex, national origin, marital status, or religion.

Personal Data

Name

_____ Last First Middle

Mailing Address

_____ Street City State Zip () () Home Phone Number Work Number
 _____ () Cell Phone Number E-mail Address

Education

High School

_____ Name Location Diploma Received?

College or Schools after high school (including military service)

_____ Name Location Academic Major or Trade Degree Received?

_____ Name Location Academic Major or Trade Degree Received?

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 of service: From: To:	Type of service:
Name of volunteer organization, address, phone #	Dates of service: From: To:	Type of service:

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 ever been employed by Samaritan Health Services? _____ If yes, provide the name of the facility where you worked and employment dates: _____

Skills

PLEASE CHECK TRAINING AND/OR EXPERIENCE:

_____ Word Processing _____ Computers _____ Bookkeeping _____ Accounting _____ Sewing (2/12)

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

Volunteer Work Desired

If known, please list type of volunteer position desired:

Days Preferred

Time Preferred

		Morning	Afternoon	Evening
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

Special Interests

Names, **mailing or email address** and phone numbers of references submitted with this application:

1.) _____ 2.) _____

IN CASE OF ILLNESS WHILE ON DUTY, CONTACT:

_____ Name	_____ Family Doctor
_____ Relationship to Applicant	_____ Business Address
_____ Address	_____ City State Zip
_____ City State Zip	_____ Business Phone
_____ Home Phone Business Phone	

Volunteer Commitment

Upon acceptance to the volunteer program, I will accept responsibility to be 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 BY MY SIGNATURE IN THIS APPLICATION TO VOLUNTEER IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR REFUSAL TO ACCEPT AS A VOLUNTEER OR TERMINATION OF VOLUNTEER STATUS.

I FURTHER UNDERSTAND THAT MY VOLUNTEERING IS CONTINGENT UPON SUCCESSFUL COMPLETION OF REFERENCES, REQUIRED HEALTH TESTING, EDUCATIONAL AND CRIMINAL BACKGROUND INFORMATION FURNISHED BY ME. I CONSENT TO AND AUTHORIZE SAMARITAN HEALTH SERVICES AND ITS PERSONNEL TO REQUEST ANY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT/VOLUNTEER RECORD AS INDICATED ON THIS VOLUNTEER 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 EMPLOYMENT /VOLUNTEER RELATED INFORMATION.

Signature of Applicant

Date

Consent (for junior volunteers under 18 only)

My daughter/son _____ has my consent to serve as a volunteer at Samaritan Pacific Communities Hospital/Samaritan Health Services, Corvallis, Oregon, meeting all the above stated requirements.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian