

801 N. State Street Greenfield, Indiana 46140 317-468-4252 VOLUNTEER APPLICATION

Date:				
PERSONAL				
High School Student:_ (Must be 15 years of age)	Adult:			
Name:				
	(last)	(first)	(mic	ddle initial)
	(addr	ess)		
	(city)	(state)	(zip)
Home Telephone:(_)	Work Telephone:()	
Cell :()		Date of Birth:		(mm/dd/yyyy)
Email Address				
Have you ever been co misdemeanor? If yes, an absolute bar to volu relation to specific ass	please explain below inteering, but will on	v. (Such acts are not	Yes	No
Do you have any unresolved criminal or misdemeanor actions now pending against you? If yes, please explain.			Yes	No
Any previous volunteer experience? If yes, what?			Yes	No
How did you hear abo	ut volunteering at Ha	ncock Regional		
Have you ever been employed by Hancock Regional? When?			Yes	No

In case of emergency, contact.	(name)	(area o	code) (telephone)	
ASSIGNMENT				
A				
Areas of Interest: Patient	Clarical		Hamiaa	
Public	Clerical Service/Su	pport _	Hospice	
Are you able to:				
	Walk throughout the hospital?			
Stand for a period of time	Yes Yes	No No		
Transport persons by w	Yes	No		
Sit for a period of time	Yes	No		
Lift?		Yes	No No No No	
Skills:				
TypingFiling		Copy Machine		
Computer Telephone		Sign Languages		
Cash Register Fax Machine		La	Languages	
Availability:				
Time		Time		
Monday	Friday			
Tuesday	Tuesday Saturday			
Wednesday Sunday				
Thursday				

REFERENCES

List three references, who are not relatives, prefer employer, former employer, minister, etc.

(name)	(area code)	(telephone)
(name)	(area code)	(telephone)
(name)	(area code)	(telephone)

ACKNOWLEDGMENT

I agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.

2. To adhere to hospital rules and procedures, the Guild Volunteer Handbook, and confidentiality of patient and hospital information.

3. Hancock Regional Hospital is a <u>non-smoking facility including the grounds.</u>

I hereby certify that all information contained in this application is true and correct to the best of my knowledge.

I authorize the investigation of all statements contained in this application as may be necessary in arriving at a volunteer assignment decision, including reference checks and a criminal history background check.

I understand that, in the event of being accepted as volunteer, false and misleading information given through my application or interview(s) may result in discharge.

(Applicant's signature)

(date)

VOLAPP.DOC Revised 2/2/2010

Patients First Behavioral Commitment

A T T I T U D E / D E M E A N O R

RESPECT

I will recognize it is difficult to be a patient. I will be an active listener in all conversations with I will respond to stated worries by individuals by patients, visitors and fellow associates. providing information and reassurance. I will be alert to and promptly respond to patients', I will be aware of my facial expressions and non-verbal visitors' and peers' needs. I will speak at all times in a professional and respectful language. I will enthusiastically perform my job. manner. I will put the needs of those around me above my own I will be accepting of individual and cultural differences. I will acknowledge others with a smile, eye contact, and a needs. I will recognize that patients and staff are always warm greeting. watching and listening. I will provide an atmosphere of privacy, dignity and confidentiality. TEAMWORK ACCOUNTABILITY I will actively collaborate with members of other I will be attentive to the task at hand and complete it in a disciplines to provide quality customer care and service. timely manner. I will work in a way that makes work easier for others. I will perform the responsibilities of my job to the best of I will work to create a fun and professional work my abilities. environment. I will be present and productive during my assigned work I will seek input about my job performance from my time. peers. I will carry out my words and promises. I will be supportive, sensitive and positive about my co-I will take responsibility for my own actions and not look workers and organization. to place blame on others. I will accept feedback in a constructive manner. I will acknowledge, act, and apologize when problems are identified. I will work to systemically resolve issues. DEDICATION TO EXCELLENCE COMMUNICATION I will communicate with clarity and professionalism both I will strive to perform at the highest standard. orally and in writing. I will seek out the "extra" steps in performing my job. I will keep people informed while resolving issues or . I will continually seek opportunities to expand my base of getting answers to questions. knowledge. I will be empathetic, provide explanations, and offer I will anticipate and respond to all physical, spiritual, . alternatives in difficult situations. emotional, intellectual and social needs of patients and I will facilitate clear interdepartmental communication. their families. I will communicate my concerns to the appropriate I will exhibit pride in all that I do as well as in my place person at the appropriate time in a constructive manner. of employment. I will maintain truthfulness and honesty in all my actions I will anticipate and exceed expectations both real and and words. perceived. I will anticipate and address common concerns without the patient having to raise them explicitly. As an Associate of Hancock Regional Hospital, I will Associate's Signature: _____ continue to strive to model the above behaviors at all times with patients, visitors, physicians, co-workers and all others Print Name: whom I interact with on a daily basis. My commitment to these standards will be evident in my words, actions and Date: deeds.