

Volunteering at Mercy General Hospital

Thank you for your interest in volunteering with Mercy General Hospital. The information below explains our process for getting started as a volunteer and can take up to 2-5 weeks to complete. Please read the following information carefully while deciding if Mercy General Hospital is the right place for you to volunteer.

Application

- ⇒ Applications will be accepted on a first-come, first-served basis and by recruitment criteria. They are conducted electronically via e-mail to MGHvolunteerservices@dignityhealth.org or by mail to: 4001 J Street, Attn. Volunteer Office, Sacramento, CA 95819
- ⇒ Applications are available at the Hospital Information Desk and online at mercygeneral.org, under the category of *Volunteer Opportunities*.

Selection Process

- ⇒ Selection is based on open volunteer positions within the hospital, skill level and if you meet position requirements, schedule and availability.
- ⇒ Must make a 6-month commitment and be willing to work 3-4 hours a week. If you do meet criteria and we have a position available, we first call you for an over-the-phone interview. If we do not have an open position for you, we will put you on a 6-month waitlist. If a position comes available, we will contact you.

Background Screening

- ⇒ Once you have been offered a volunteer position, you will be required to complete a background screening form which will allow us to do a formal background check.

Orientation/Health Clearance

- ⇒ After your background screening comes back clear, you will be scheduled to attend a 2-3 hour orientation.
- ⇒ The first part of the orientation will require applicants to complete a TB test and a copy of your immunization records. If you do not have a copy of your immunization records you will be required to have a lab draw at the hospital lab. This is at no cost to the volunteer, but we will be checking for your immunity to Measles, Mumps, Rubella and Chicken Pox. If MGH finds that you do not have the immunity required you will be required to complete the immunizations at your own expense. The cost can vary, but the standard fees are \$140 per vaccination.
- ⇒ Within 48-72 hours of your first TB test you need to return to employee health to have your TB test read by a staff member. At that time the staff person will let you know what else you need to complete in order to receive your health clearance.
- ⇒ We do require two TB tests to be completed before you can start volunteering. The second TB test needs to be completed within 7-14 days of the first TB test.

Get Started Meeting

- ⇒ After the health clearance is received, the volunteer will need to contact the Volunteer Office to schedule a “**get started**” meeting to finalize volunteer service area and schedule.
- ⇒ At the “**get started**” meeting the volunteer will receive a picture ID name badge from Human Resources and learn the signing in and out process for their volunteer shifts.

Assignments/Training

- ⇒ Every attempt is made to match the needs and interests of both the volunteer and the hospital. The volunteer is expected to volunteer a minimum of 4 hours each week for a period of 6 months. If the volunteer is unable to come in for their shift they are advised to call and inform the Volunteer Staff of their absence.
- ⇒ Lastly, training for individual positions is provided with a lead volunteer within the department where the volunteer is assigned, or given by a staff member.
- ⇒ Volunteers are required to participate in a 2-hour compliance training session and a 1-hour education session. These are done once a year on an annual basis.

Mercy General Hospital
VOLUNTEER SERVICE APPLICATION
Volunteer Department
4001 J Street, Sacramento, CA 95819
916-453-4559

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Last Name:

First Name:

Date:

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Address:

City:

State:

Zip:

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Birth date: Month/Day/Yr.

Home Phone :

Cell Phone:

	<input type="checkbox"/> Junior Volunteer (15-17 Years) <input type="checkbox"/> Adult Volunteer
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Email:

Program Selection:

Time Available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Incase of an emergency, please indicate a contact person:

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Contact Name:

Relationship:

Contact Number:

If presently employed:

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Name of Organization:

Position:

Work Hours & Days:

Education Completed:

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Name of School:

Years Completed or Grade:

Major or Degree:

Any health limitations related to volunteer duty:

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If you were referred by an employee, please complete the following information:

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Name of Employee:

Relationship:

Department:

Previous volunteer experience:

Organization:		
Contact:		
Volunteer Duties:		

Have you ever volunteered and/or been employed by Mercy before? Yes ☐ No ☐

If yes, when: _____ Reason for Leaving: _____

Indicate the reason you are seeking a volunteer position (check all that apply)

☐ Interest in the medical field ☐ Interest in Mercy General as a future career option

☐ Extra Time ☐ Requirement for class

☐ Service hours required to graduate; How many: _____ By when: _____

Area of Interest: (i.e., FBC, Med-Surg, Onc, etc.) _____

References:

Please list two references other than relatives.

Name:		
Title/Company:		
Phone Number:		

Have you ever been convicted for violation of any federal, state, country or municipal law, regulation or ordinance? (Do not include or traffic violations.) No ____ Yes ____

If yes, date of conviction or plea ____/____/____ State or country _____

Describe circumstances _____

The above information is accurate and correct to the best of my knowledge.

I understand that this application remains current for only 180 days. If you have not followed through with interview, orientation, and health screenings you will have to reapply.

Signature: _____ Date: _____

Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide placement, nor are you obligated to accept the position offered. The Volunteer Department of Mercy General Hospital does not discriminate because of age, race, national origin, gender or sexual preference.

MERCY GENERAL HOSPITAL

VOLUNTEER AGREEMENT

I AGREE THAT:

- I shall fulfill the requested commitment of six months of volunteering services at Mercy General Hospital. ***Please note:*** *the completion of the 6 month commitment is mandatory and the Volunteer Office will not make any verification of hours until the commitment is fulfilled.*
- I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and may not seek to obtain confidential information from a patient.
- My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian religious or charitable reasons.
- I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies; both on or off of hospital property. I shall report all known occurrences of solicitation for attorneys to the coordinator of Volunteer Services.
- I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the expressed authorization of the Coordinator of Volunteer Services.
- I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consider action of others, and endeavor to make my work professional quality.
- I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and if unsuccessful, with the Coordinator of Volunteer Services.
- I shall make the best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
- I shall, at all times, uphold the Mission and Philosophy standards of the hospital.
- I understand that Mercy General Hospital reserves the right to terminate my volunteer status as a result of (a) a failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of my supervisor or the Coordinator of Volunteer Services, would make my continued service as a volunteer contrary to the best interests of the hospital.

I HAVE READ EACH OF THE ABOVE CONDITIONS AND I AGREE TO BE BOUND BY THEM.

Volunteer Signature

Date

Mercy General Hospital

CONSENT FOR MINOR TO PARTICIPATE

This will authorize _____ a minor, to participate in Junior Volunteer activities at Mercy General Hospital. Such activities are under the supervision of the hospital's Director of Volunteer Services or a designated representative.

I (we) understand that this minor's services are donated to the hospital, without expectation of reimbursement, and given for charitable, humanitarian, or religious reasons.

I (we) give permission for the above-named minor to submit to a drug-screen, tuberculin skin test (PPD) or other blood test which is required to serve at Mercy General Hospital. It is understood that this required test is given at the hospital's expense.

I (we) authorize the Emergency Department physicians as my (our) agents to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable in an emergency situation.

I (we) release Mercy General Hospital and its employees from any claim of liability for any damages, injury, or illness resulting to the above-named minor, not resulting from any fault or neglect on the part of the hospital, while engaging in designated Junior Volunteer activities.

This authorization and permission shall remain effective for the period of time the above-named minor is a Junior Volunteer at Mercy General Hospital.

PARENT/GUARDIAN SIGNATURE(S)

DATE

Mercy General Hospital
VOLUNTEER SERVICE APPLICATION

Please answer the following questions below

1. Why do you want to volunteer at Mercy General Hospital?

2. Volunteer Services expects a 6-month commitment at 4 hours per week. Can you make this commitment?

3. Please explain how you plan to fulfill your 6- month commitment while experiencing life challenges during that 6-month period? For example: you get a new job, your job hours change, you start school, your school schedule has changed, or you have extra curricular activities that require more of your time.

4. Volunteer Services starts most new volunteers at our entry level volunteer positions such as: Information Desk, Hospitality cart, making packets, filing, etc. After you have been volunteering for 4 months we then begin to promote you up to new volunteer roles. Is this something you agree to?

5. Volunteer Services does not supply any letters of recommendations, references or documentation of hours until after you have completed your 6-month commitment. Do you understand this?

6. Do you have a copy of your immunization records?

7. Vaccines must be all current and if they need to be updated it is the volunteer's responsibility to pay for the additional vaccinations. Is this acceptable?

8. Do you understand that you are required to participate in a 2-hour annual compliance training session and a 1-hour annual education session?