

MERCY MEDICAL CENTER VOLUNTEEN APPLICATION INSTRUCTIONS & GUIDELINES

1. Please read all the information carefully.
2. Please complete the Volunteer Application form completely.
3. Please have 2 letters of recommendation completed.
4. Return the application form and your letters of recommendation to:

Mercy Medical Center
Attn: Michelle Bass
2710 Rife Medical Lane
Rogers, AR 72758

VOLUNTEENS

A volunteer is a person between the ages of 14 and 18 with lots of energy, some spare time to share and a genuine love and interest in helping others. A volunteer works with young and old...sick and well...happy and sad.

A volunteer does his or her assigned work with cheerfulness, accepts the responsibility willingly, and is always loyal to Mercy standards.

ETHICS CODE FOR VOLUNTEENS

1. I will not speak about patients or any patient, coworker or business incidents or information to outsiders, other patients or to my co-workers.
2. I understand that, by being a volunteer, I have agreed to work without compensation in money. I will not accept tips.
3. I will cheerfully do the work which I am asked to do by those in charge and will do it to the best of my ability.
4. I will develop qualities of teamwork and strive to enrich the department in which I work.
5. I believe that I have an obligation to my work, to those who direct it, to my Co-workers, and to those for whom the work is done.
6. I understand that I must report to my duties on time, when I am scheduled to work, unless there is a serious reason to keep me from reporting at the time I have volunteered. In the event of my inability to report for duty, it will be my responsibility to call the unit/department or director of volunteers (338-3353) where I am assigned.

VOLUNTEEN UNIFORM

1. Volunteers must always be in the official uniform when at the hospital. Blue polo shirts will be provided for you to wear. **You must return this shirt at the end of your volunteer service.**
2. Keep your volunteer uniform clean and pressed.
3. Wear clean tennis shoes.
4. Don't wear excessive jewelry, extreme hairstyles or excessive amounts of make-up or perfume. Long hair must be tied back.

Mercy Medical Center
VOLUNTEEN APPLICATION

Name _____ Date _____

Address _____ City _____ State/ZIP _____

Cell Phone _____ Home Phone _____ Age _____ Email: _____

Parent or guardian with whom you reside _____

Mother's place of employment _____ Phone _____

Father's place of employment _____ Phone _____

In case of emergency notify _____ Phone _____

Do you have relatives who work at Mercy Medical Center? Yes No If yes, Who _____

Family doctor _____ Phone _____

School _____ Grade pt. _____ Current Grade _____

Hobbies, special interests _____

Why are you interested in doing volunteer work? _____

Are you interested in a medical career? Yes No If no, what is your ambition _____

Are you interested in working in a patient care area? Yes No

Are you interested in filing, collating or other office work as part of your volunteer assignment Yes No

What day(s) of the week do you want to work? (First year volunteers are limited to one day a week.)
 Monday Tuesday Wednesday Thursday Friday

1st year volunteer 2nd year volunteer 3rd year volunteer

What is your uniform size? _____

If accepted, I agree to abide by the rules and regulations of the volunteer office, Mercy Medical Center and to be regular in attendance.

Signature

Parent or guardian signature

Please complete application and letters of recommendation to:
Mercy Medical Center - Attn: Michelle Bass
1200 West Walnut - Rogers, AR 72756
(479) 338-3353

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For office use only

Day(s) _____ Assignment _____

TB Test Badge Shirt

Mercy Medical Center
Volunteen TB Skin Testing

Mercy Medical Center TB Infection Control Plan requires all Healthcare Workers to be screened for tuberculosis. An intradermal injection of 0.1 cc of Tuberculin Purified Protein Derivative (Mantoux) is provided initially and annually.

Each Volunteen has the responsibility of scheduling an appointment for this test to be administered prior to reporting for their first assignment. We will provide this testing for you thru our employee health nurse.

Please circle the correct answer below

- YES NO I have previously been diagnosed with TB.
- YES NO I have taken medication for treatment of TB
- YES NO I have received B.C.G (bacille Calmette-Guerin) vaccination
If so, what year?_____
- YES NO I have had a TB skin test within the past year
If so, what month?_____

Documented results are to be on filed in the Mercy Medical Center Employee Health Nurse office.

ALLERGIES:_____

Minors (under 18 years of age) will need the permission slip below completed

_____ has my permission to receive a TB skin test.
Last name First

_____ Signature of parent
Date

The results of the test will need to be read within 48-72 hours either by the employee Health, Emergency Department, or other designated Mercy Medical Center nurse.

I understand all of the above responsibilities.

Signature of Volunteen

Dear Director of Volunteers,

I would recommend the following student for participation in the summer volunteer program at Mercy Medical Center.

Name of Student _____

I find this student to show the following qualifications:

Mature for his/her age _____

Take instruction well _____

Is prompt _____

Is courteous and neat in appearance _____

Is dependable _____

Comments:

Signature: _____

Date _____

*2 Letters of recommendation need to accompany the application. Please have these filled out by your teachers, ministers, or other community leaders.