VOLUNTEER SERVICES
Orientation Agenda

I. Welcome

II. Objective

TO BE A TEAM PLAYER!
To provide supplemental services, which contribute total patient care.
To help create and promote in the community an understanding of the hospital and its services.
*Junior volunteers are ages 14-17 old.

III. Qualifications

*Senior volunteers must be 18 years older.
*Must have two references.
*Must commit to a regular schedule
  (Minimum of 4 hours per week for 6 consecutive months).
*Must attend a mandatory hospital orientation
*Must have negative TB test.
  (The TB test is given free of charge. You do not need to take a TB test if you have had one in the past year and can provide Volunteer Services with a copy of the results).
*Must be dependable
*Must follow all hospital policies
*Must purchase volunteer uniform (Identification Badge).
*Responsible to purchase replacement.

IV. Benefits

*FREE PARKING  Across the street-parking lot

*LUNCH  We will provide one lunch for volunteers working 4 hours or more

*DEDUCTIONS  You may deduct your gas mileage, your and your uniforms on your income tax.

*INSURANCE  Volunteers are covered by liability insurance if you become injured while on duty in the hospital. If you become ill while on duty, you are responsible for your own medical bills.

*ANNUAL VOLUNTEER RECOGNITION PROGRAM
BON SECOURS DEPAUL MEDICAL CENTER
150 Kingsley Lane/Norfolk, VA 23505/(757) 889-5340
APPLICATION FOR JUNIOR VOLUNTEER SERVICE

PLEASE PRINT OR TYPE

DATE: ____________

NAME:  Last _____________________ First ______________________ Middle ___________

ADDRESS:  Street ___________________________________ _________________________________
City ___________________________ Zip _____________________________

Social Security #_______________________

TELEPHONE: (H)____________________  (W)___________________

Best time to call: _______________________

DATE OF BIRTH (MO/DAY/YR)_____________________________________________________

EMERGENCY INFORMATION

PHYSICAN: Name __________________________ Telephone__________________

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name __________________________ Relationship___________________________

Telephone (H)______________________ (W)___________________________

EDUCATION

SCHOOL: ______________________________________________________________________

City ___________________________ Telephone___________________________

Grade completed as of June of current year-_________ # of days absent in past year___

SCHOLASTIC AVERAGE: ( ) 77-85 ( ) 86-92 ( ) 92-100

EXTRACURRICULAR ACTIVITIES:

______________________________________________________________________________

______________________________________________________________________________

Page 2
EMPLOYMENT / VOLUNTEER EXPERIENCE

Are you currently employed? ( ) Yes ( ) full time ( ) part time ( ) no

Does your work schedule change? ( ) Yes how often_____________( ) No

EMPLOYER: ________________________________________________________

Contact name _________________________Telephone________________________

Are you currently seeking employment ( ) yes ( ) full-time ( ) part-time ( ) no

Do you have any volunteer experience ( ) yes ( ) no if yes complete the following:

Organization_______________________________________________________

GENERAL APPLICATION FOR JUNIOR VOLUNTEER

What is your mode of transportation to and from DePaul? _________________

____________________________________________________________________

Why do you want to become a volunteer? _________________________________

____________________________________________________________________

What or how can you contribute to DePaul’s volunteer program? ____________

____________________________________________________________________

SPECIAL SKILLS   ( ) TYPING ( ) FILLING ( ) COMPUTER ( ) ARTISTIC

( ) MUSICAL ( ) FOREIGN LANGUAGE (SPECIFY)_________

( ) SPEAK ( ) READ ( ) WRITE ( ) OTHER SKILLS_________________________
APPLICANT AGREEMENT OF UNDERSTANDING

I certify that the information on this application is correct. I agree that any false statement made by me or my failure to answer completely any applicable questions on this application will be sufficient cause for my release from volunteer services.

I understand that I may be subject to a pre-acceptance physical, including drug/alcohol screening by DePaul Medical Center prior to acceptance into volunteer services and as required there after by DePaul Medical Center.

I agree to be punctual and conscientious in the fulfillment of my duties, accept supervision graciously, and conduct myself with dignity, respect and compassion for others. I further agree to uphold the standards of the DePaul Medical Center by endeavoring to make my work of the highest quality.

SIGNATURE________________________________DATE________________

PARENT/GUARDIAN PERMISSION

I understand and accept the condition of the Applicant Agreement of Understanding and agree to support my child efforts to meet the Program Qualifications as noted in the General Information including compliance with immunization requirements.

If my child is accepted I give permission for him/her to participate in the DePaul Medical Center Junior Volunteer Program.

SIGNATURE________________________________DATE________________
TEACHER/COUNSELOR RECOMMENDATION FOR
JUNIOR VOLUNTEER SERVICE

Junior volunteer applicants are selected based on demonstrated ability to provide high quality dependable and caring service to our patients, visitors and staff. In addition, we seek students who are self-motivated and able to work for periods of time without direct supervision. Please consider carefully the criteria when evaluating your students before completing this recommendation. You may return it to your student to be mailed with the application or mail the recommendation to me directly.

Please rate the application as indicated:

<table>
<thead>
<tr>
<th>School attendance</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
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<td>Punctuality</td>
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<td>Conduct</td>
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<td>Dependability</td>
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<td>Follow Instructions</td>
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<td>Shows Initiative</td>
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<td>Leadership Abilities</td>
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SCHOLASTIC AVERAGE ( ) 77-85 ( ) 86-92 ( ) 93-100

DO YOU RECOMMEND THE APPLICANT FOR THE DEPAUL PROGRAM ( ) YES ( ) NO

If yes, how do you think DePaul will benefit from the applicant’s participation? ________________________________________________________________

ADDITIONAL COMMENTS: ____________________________________________
________________________________________________________________

Name: ________________________ Signature_____________________________

Telephone (w) ___________ (h)_________________ best time of contact__________

Return application and recommendation to:

Janice Savage, Manager
Bon Secours DePaul Medical Center
Volunteer Services
150 Kingsley Lane
Norfolk, VA 23505
VOLUNTEER’S NAME: ______________________________________

Statement I understand that my child cannot be placed as a junior volunteer until required immunizations and screening have been completed and this health information has been returned to the DePaul Medical Center Volunteer Services Department.

I authorize my child’s physician to complete this Junior Volunteer Health information form.

SIGNATURE________________________________ DATE_________________
(Parent or guardian)

______________________________________________________________

IMMUNIZATION RECORD AND REPORT OF SCREENING RESULTS

1. Toxoid of tetanus &Diphtheria adult (must be within last 10 years). DATE_____

2. Poliomyelitis Vaccine: (1) ____________ (2)____________(3)____________
   (Date)                     (Date)                  (Date)

3. MMR or MR (must have 2 live vaccines of both measles & rubella). Please circle which vaccine
   1. MMR or MR DATE______________
   2. MMR or MR DATE______________

4. Tuberculin Test: _______________    __________________   ________________
   (Type)                       (Result)                           (Date)

5. Has the applicant had chicken pox () yes () no if yes what year: ____________
   If No, copy of date and results of vermicelli screening must be provided.

Signed: _______________ Telephone___________ Date________________
(Physician)

Return to BON SECOURS DEPAUL MEDICAL CENTER VOLUNTEER SERVICES
150 KINGSLEY LANE
NORFOLK, VA 23505
DePaul Medical Center
Jr. Volunteer Tuberculosis Test

All Junior Volunteers must have a Tuberculosis (PPD) screening. This must be done before orientation. DePaul’s Occupational Health Department will do this free of charge or you may have this done through your own physician. If your physician administers the test, you must bring a note to Occupational Health from his or her office stating the results and date the test was done.

Occupational Health will be giving the tests free of charge when you call 889-5260 to make an appointment.

♦ Please note that once the test is given you must return to Occupational Health to have your arm checked for a reaction within the designated 48-72 hours. If you do not return, your application will be voided.

If you have ever had a reaction to this test and cannot have another, you must contact Occupational Health and provide a recent copy of a chest x-ray report. Occupational Health is located on the 5th floor. Follow the signs once you exit the elevator.

Please complete the following information and present this form and your personal Identification to the Occupational Health nurse upon arriving for the test.

Name___________________________________________________________

Address________________________________________________________

Street                                          City                                          Zip

Phone_________________________________ Birthdate____________________________________

Do you have history of Tuberculosis in your family? __________________________

Have you received BCG Live Vaccine (given only overseas)? ______________________

I do hereby give my permission for my child to undergo a tuberculin skin test as a requirement for volunteering at DePaul Medical Center.

Parent/Guardian
Signature_________________________________ Date____________________________________

For Office Use Only

<table>
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<tr>
<th>Date</th>
<th>Type/Dose</th>
<th>Site/Time</th>
<th>Given By</th>
<th>Results</th>
<th>Read By</th>
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The Privacy Standard of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 will go into effect on April 14, 2003. This is a Federal law which requires health care providers to apply certain safeguards to protect the confidentiality of health information. This law also gives individuals certain control over how health care providers may use and disclose their Protected Health Information (PHI). The Hospital expects to be in compliance with the HIPAA Privacy Standard and would like to bring you attention the following changes that will go into effect on April 14, 2003.

- All patients must be given a copy of the Hospital’s notice of Privacy Practices (NPP) upon registration and must acknowledge receipt of the NPP in writing. A copy of the NPP can be found in the registration department or other registration points in the hospital.

- A patient has a right to obtain an accounting of persons and places where the Hospital has disclosed his/her protected health information. Disclosures made by the Hospital to healthcare providers for treatment or insurance companies for payment are a couple of exceptions. The Health Information Management (Medical Records) Department can process a patient’s request for an accounting of disclosures.

- A patient has a right to amend his/her protected health information. The Health Information Management (Medical Records) Department can process a patient’s request to access or inspect his/her health information.

- A patient has as right to access or inspect his/her health information. The Health Information Management (Medical Records) Department can process a patient’s request to access or inspect his/her information.

- A patient has a right to be contacted using alternate means. For example, a patient can request to be contacted by telephone instead of by mail regarding a test result.

- In some cases, a patient’s written authorization is required before the Hospital may disclose his/her health information.

- A patient has a right to elect not to be listed in the Hospital’s facility directory. Upon admission and whenever feasible, a patient must be asked whether he/she would like to be listed in the facility directory.

- Before information about a patient is given to a member of the clergy, a patient has a right to say whether he/she would like to be included in listings given to members of the clergy.

- Based upon what is in the best interest of the patient, the Hospital may disclose health information about the patient to individuals involved in the care of the patient (eg. Relatives, friends, legal representative, etc.)

- When faxing health information, always remember to use an approved cover sheet, verify the recipient’s fax number and call to confirm that the fax was received by the recipient.

- A patient has a right to file a complaint if his/her confidentiality has been violated. A patient can file complaint HIPAA Privacy Officer at telephone number 757-398-2103; or the Values Line at 1-888-880-1286; or a complaint may be filed with the Hospital’s Service Quality Manager.

- Disciplinary measures may be taken against any member of the Hospital’s workforce who has violated the organization’s policies relating to Protected Health Information and HIPAA Privacy Standards.
**Please note that if you work in area with patient contact, your department will provide you some additional HIPAA information.**

I ___________________________ have read the above and promise to comply with the Hospital policies relating to HIPAA.

_________________________________  ______________
Signature                        Date
Bon Secours DePaul Medical Center
Safety & Infection Control

Infection Control

❄️ Wash your hands numerous times during the day. Make sure to wash your hands after:
  • Each patient contact
  • Any procedure that may involve exposure to bacteria
  • Handling items that may be (or could be) contaminated

Emergencies

In Case of Fire:
- Rescue - Move patients and others away from immediate danger.
- Alarm - Follow your facility’s procedures for sounding alarm and alerting other staff.
- Contain - Close doors and windows to help prevent smoke and fire from spreading.
- Evacuate - Evacuate the area.

Using a Fire Extinguisher

- Pull - Pull the pin out of the extinguisher.
- Aim - Aim the extinguisher at the fire.
- Squeeze - Squeeze the trigger.
- Sweep - Gradually move the extinguisher back and forth to ensure all areas are covered and the fire is extinguished.

Codes

Code Red - Fire
Code Blue - Cardiac Respiratory Arrest
Code Amber - Infant Abduction
Code Black - Bomb Threat
Code Yellow - HAZMAT Bio-terrorism
Code Gray - Violence Security Alert
Code White - Leadership Recall
Code Gold - Hospital Lockdown
Code Green - Medical Emergency
Code Brown - Medical Emergency
Code Silver - Emergency Preparedness
Code Orange - Staff Recall
Code Purple - Patient Elopement

Phone Numbers - Emergency Phone Number is ex. 5555.

Confidentiality - In keeping with laws and other regulations, Bon Secours Volunteers must keep patient information confidential. When accessing written or computer records, volunteers must not violate the trust of any patient, their families or fellow volunteers and/or patients. Volunteers must not discuss patient information in public areas, such as cafeterias, elevator and restrooms.

30 Day Policy - It is the policy of Bon Secours DePaul Medical Center to review the status of any new volunteer after a period of 30-days. After the first 30 days the volunteer will have a meeting with the volunteer coordinator to discuss his/her Volunteer experience. Although a volunteer makes a commitment for six months, this does not necessarily ensure the volunteer will remain active at DePaul.

Volunteer Signature ___________________________ Date ___________________________
VOLUNTEER SERVICES DEPARTMENT

VOLUNTEER PLEDGE OF CONFIDENTIALITY

I understand that any information I see or hear about patients, physicians, employees and volunteers is confidential and must not be repeated to anyone inside or outside the DePaul Medical Center except as authorized by written guidelines.

I understand that I should not discuss or reveal DePaul Medical Center business, medical information, administrative information, or personal information except as authorized and necessary to perform job duties.

I further understand that violation of the Policy and Procedures governing Confidentiality may result in termination of my volunteer service and, possibly, criminal prosecution.

NAME:_________________________________ DATE:___________________
(Please Print)

SIGNATURE:_______________________________________________
As an employee for Bon Secours Hampton Roads, I agree to live out our standards as listed below. I agree to be responsible for ensuring that these standards are exemplified in all of my actions within my area of responsibility. I will serve as an example to align my personal behaviors to each standard and I will hold myself and others accountable to these standards of behavior.

1. ** Maintain a Positive Attitude  
   - by speaking positively of Bon Secours  
   - by embracing change and being flexible  
   - by being optimistic and maintaining a “can do” attitude  

2. ** Be Compassionate and Caring  
   - by treating others with dignity and respect, and protecting their privacy and confidentiality.  
   - by being a reflection of God’s love and following the Golden Rule  
   - by taking the time to listen, understand and anticipate the needs of others  

3. ** Take Pride in My Work  
   - by taking responsibility, and holding myself and others accountable  
   - by consistently adhering to organizational policies  
   - by being a positive role model at work and in the community  
   - by always doing my best, and going above and beyond in helping others  

4. ** Communicate Effectively  
   - by speaking clearly and concisely, seeking understanding and providing timely feedback as appropriate  
   - by using positive verbal and non-verbal communication  
   - by talking to others rather than about them  

5. ** Practice Good Stewardship  
   - by taking responsibility for the care of equipment and other Bon Secours assets  
   - by taking action to reduce wasted time  
   - by using Bon Secours resources wisely  

6. ** Maintain a Safe Environment  
   - by being alert and taking action to minimize risk, and reporting suspicious behavior immediately  
   - by reporting all equipment failures, and keeping work areas neat and clean  
   - by wearing my employee name badge in a visible manner  

**Employee Signature:** ___________________________  
**Date:** ____________

As a leader for Bon Secours Hampton Roads, I commit to model these standards in all of my actions within my areas of responsibility.

**Leader Signature:** ___________________________  
**Date:** ____________