

VOLUNTEER OFFICE

Guidelines for Junior Volunteers

The Volunteer program of MedStar St. Mary's Hospital has been designed to enhance the comfort, care and happiness of the patients, families, visitors and the community and provide many extra services that supplement the functions of the paid staff.

This program is open to all persons in high school who are at least 16 years of age and are able to donate:

- at least one/ four (4) hour block of time for service each week during the summer
- at least one/ two (2) hour block of time for service each week during school year

(Individuals who entered the program and have volunteered prior to 2019 will follow the previous age requirements and will be “grandfathered” to allow continued participation.)

Application:

Prospective junior volunteers are asked to submit the following in their application packet to “Volunteer Office / OLR, MedStar St. Mary's Hospital”: **(incomplete application packets will not be considered)**

- completed application
- a copy of most recent grades
- two letters of reference *(in addition to the 3 references listed on your application)*
- Parent/Guardian Permission Form *(included in the application packet)*
- short narrative on “why I want to volunteer at MedStar St. Mary's Hospital”

Letters of reference and the three references listed in the application should include individuals, who are not close relatives, and who are able to provide relevant information concerning your ability to volunteer in a hospital setting (such as a guidance counselor, teacher, mentor, tutor, coach, principal, church members or neighbors). All references should know the candidate for at least two years. A “C” or above grade average is expected.

Once you have completed the packet, please mail or deliver it to the Volunteer Office, MedStar St. Mary's Hospital, P.O. Box 527, Leonardtown, MD 20650. Applications will be reviewed and your references checked.

Selection Process:

Junior Volunteer positions are reviewed and recruited twice a year; in the spring for summer hours and in the fall for the school year. The number of volunteers accepted each session is based on openings and needs of the hospital. An open house/ information session is held prior to recruitment and is mandatory for the applicant and parent to attend. Candidates may be notified of the session dates by mail and/or email and will be published on the hospital website. Once accepted into the program volunteers can continue from one time to the next without reapplying.

Orientation and Onboarding:

Should you be selected to participate in the program you will be required to attend an orientation session here at MedStar St. Mary's Hospital. As part of onboarding you must complete some health requirements with our Occupational Health office once you have been notified that you have a position. All new volunteers are required to have tuberculosis testing and are asked to

submit copies of medical records, with evidence of immunity, or to take a titer test for MMR, Varicella, and Hepatitis B. The test is done through our Occupational Health office. All individuals are required to complete drug screening criteria with our Occupational Health office. **Candidates offered a position will be notified when to contact Occupational Health for testing.** Candidates will need a parent to accompany them for appointments if they are under 18 years of age. All tests will be conducted through Occupational Health at no cost to the volunteer.

All volunteers are required to provide complete and accurate information to the hospital that will be submitted for a background check. Parental approval/signature is required.

All volunteers are required to have a flu vaccine annually. MedStar St. Mary's Hospital provides this vaccine free to all staff and volunteers. Volunteers are notified regarding the deadline and appropriate documentation requirements annually.

A uniform and identification badge are worn while volunteering. A professional appearance is required at all times by wearing a neat and clean uniform, properly fitting clothing, shirts and blouses tucked in, and wearing socks or stockings. Closed shoes with rubber heels are to be worn by volunteers who work in patient care areas. Hair should be well groomed, beards, mustaches and sideburns neatly trimmed. Caps and hats should not be worn unless they are part of a uniform established by the department in which the volunteer is working. **No blue denim jeans or jean-type slacks/leggings, no leg warmers, stretch pants, shorts, tube tops, jogging suits, athletic attire of any kind, no low-cut, low-back or backless dresses or blouses, no sweatshirts or sweatpants, no slippers or house shoes.** Please avoid excessive jewelry and strong perfumes or cologne. No facial piercings and tattoos must be covered. Volunteers working in patient care areas must also refrain from wearing acrylic nails (including gel and any artificial material). Polish must be appropriate color and nails no longer than ¼ inch from finger tip.

A hospital identification badge, issued by MedStar St. Mary's Hospital, will be provided before reporting to volunteer. Identification badge must be worn while volunteering at MedStar St. Mary's Hospital. If lost, notify the Volunteer Coordinator immediately, a replacement badge can be obtained and will cost \$10. Return the badge to the Volunteer & Student Services Coordinator along with your uniform when you discontinue service with the hospital. The identification badge and uniform are the property of MSMH.

Volunteers are responsible for keeping accurate records of their volunteer hours. Please sign in and out daily. A sign-in sheet will be placed at an appropriate site for this purpose.

Confidentiality and privacy of patients, staff, and public are extremely important at MedStar St. Mary's Hospital. A Statement of Confidentiality is included in the application packet.

Each volunteer will abide by the MedStar Health System and MedStar St. Mary's Hospital policies and procedures and all information, policies, and procedures contained in the MedStar St. Mary's Hospital Volunteer Handbook.

Benefits provided:

- Free meal (maximum value \$7.50) on the day of volunteering while wearing uniform and badge if you are working for 4 or more hours.

- Free parking.

- Attend advertised classes that can help in the volunteer position.

- Attend associate social functions.

- Free flu vaccine annually.

Youth Volunteers **will not:**

- Give medications of any kind under any circumstances.
- Sit (monitor) with unconscious or critically ill patients.
- Manipulate bottle or bag when patient is receiving intravenous therapy.
- Assist doctors.
- Lift patients.
- Give patients food or drink without permission of nursing staff.
- Give medical advice to patients.
- Move patients who are in traction (not even to make the bed).
- Read patients' charts.
- Write notations on any part of the medical record.
- Enter the Delivery Room, Operating Room, Obstetrics, or Emergency Department unless that is the area in which you volunteer
- Enter any isolation/negative pressure rooms.
- Empty urinals, bedpans, and/or drainage containers.
- Wash urinals, bedpans or used equipment.
- Handle sharps boxes.
- Adjust bed positions.
- Ambulate (walk) a patient.
- Accept any tips or gratuities from visitors, patients, or employees.
- Transport patients on stretchers unassisted.
- Feed patients or assist with meals without proper instruction, competency testing and nursing staff oversight.

*If you have questions please contact the Volunteer Office at
301-475-6453 or email the coordinator at
Mary.Cheseldine@MedStar.net*



MedStar St. Mary's
Hospital

JR. VOLUNTEER APPLICATION

Volunteer Office

301-475-6453

**P.O. Box 527
25500 Point Lookout Road
Leonardtown, Maryland 20650**

**PLEASE COMPLETE ALL AREAS OF
THE APPLICATION**

(Incomplete applications will not be accepted.)

PERSONAL DATA

Last Name First Name MI

Preferred name: _____

Mailing Address (School Address for St. Mary's College) Apartment Number

City State Zip

(____) _____ (____) _____ (____) _____
Home Telephone No. Work Telephone No. Cell Phone No.
(Check preferred telephone number where you can be reached.)

E-Mail Address

Name, Telephone Number & Relationship of the Person to be Notified in Case of Emergency:

Have you ever been employed or served as a volunteer at MSMH before? Yes No

If yes, what year? _____ Under what name? _____

Identify any relative(s) presently employed at MedStar St. Mary's Hospital.

Name _____ Relationship _____

Name _____ Relationship _____

Have you ever been convicted of a felony? Yes No

If yes, describe when the conviction occurred, the facts and circumstances and any other pertinent information. Do not list any criminal charges for which the records have been stricken.

(A criminal offense will not necessarily bar you from serving as a volunteer.)

_____-_____-_____
Social Security Number Driver's License Number Birthday: _____/_____
Month / Day

I am age 18 or older. ____ YES ____ NO I am age 16-18 ____ YES ____ NO

To perform the functions of a volunteer will accommodations be required? Yes No

If yes, please state accommodations required. _____

EDUCATION/SKILLS

High school: freshman sophomore junior senior

Name of School _____

Anticipated Graduation Date: _____ Year _____ Month

Long range occupational goals

Special skills, training, hobbies

Have you volunteered/worked in a healthcare setting before? Yes No

If yes, please describe the experience: _____

Reason for wanting to volunteer at MedStar St. Mary's Hospital:
Please include a separate page on why you would like to volunteer at MSMH.

Other special skills

- | | | |
|---|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Art (posters, etc.) | <input type="checkbox"/> Calligraphy |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Sewing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Accounting | <input type="checkbox"/> Musical Instrument |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing & Composition |
| <input type="checkbox"/> Other _____ | | |

Would you be willing to work on special projects such as health fairs? Yes No

Service Area Opportunities (check areas of interest – not all areas will have openings at any given time)

- | | | |
|---|---|---|
| <input type="checkbox"/> Patient Services/Units | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Computer Entry |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Information Desk | |

Availability: Indicate when you are available and preferred times on those days. Greater flexibility improves placement options in the program. (Summer 4 hour time blocks / school year 2 hour time blocks)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

REFERENCES: List three references who are not relatives or employers who have known you for at least 2 years. **Information in this section must be filled out completely.**

Provide full home mailing addresses for your references.

1

Name _____
Length of time known

Mailing Address _____
City, State, Zip

Daytime telephone number _____ Evening Telephone Number _____

2

Name _____
Length of time known

Mailing Address _____
City, State, Zip

Daytime telephone number _____ Evening telephone number _____

3

Name _____
Length of time known

Mailing Address _____
City, State, Zip

Daytime telephone number _____ Evening telephone number _____

PERSONAL DATA: The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, gender, or national origin. Federal law prohibits discrimination because of age. Maryland law prohibits discrimination based on marital status or physical or mental handicap unrelated to the performance of the work. The information requested below is for statistical purposes only. **Providing this information is completely optional.**

Sex: Male ___ Female ___

Ethnicity: African-American ___ Hawaiian ___ White ___
 American Indian ___ Alaskan Native ___
 Asian or Pacific Islander ___ Hispanic ___ Other ___



MedStar St. Mary's
Hospital

25500 Point Lookout Road
Leonardtown, Maryland 20650

Volunteer Office

Applicant's Statement

I _____ certify that the answers given to this application are true and complete and I authorize MedStar St. Mary's Hospital to investigate any or all statements made herein. I understand that any falsification or omission of information will result in rejection and /or immediate termination. I agree that my volunteering, and the terms and conditions thereof, may be modified or terminated at any time at the discretion of MedStar St. Mary's Hospital. I agree as a condition of volunteering to conform to Hospital rules and regulations.

I understand that volunteering is contingent upon favorable results of any and all tests such as drug screen analysis for substance abuse, successful completion of a physical assessment conducted by Hospital staff, and receipt of acceptable references from previous employers and contacts, Consumer Investigative Report, meeting employability requirements of the Federal Immigration and naturalization Service and submitting appropriate documentation to satisfy the requirements for completing INS Form I-9.

Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

Applicant's Signature

Date

Signature of Parent(s)/Guardian(s)

Date

Release of Previous Employment Information

I have applied to MedStar St. Mary's Hospital for a volunteer position, and I desire that they be fully advised of my employment record with your organization.

I therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damage for providing the information requested.

Applicant's Signature

Date



MedStar St. Mary's
Hospital

25500 Point Lookout Road
Leonardtown, Maryland 20650

Volunteer & Student Services Office

301-475-6453

Parental/Guardian Permission Form for Youth Volunteers

- ◆ Do you and your parent(s)/guardian(s) understand that you will be required to have drug screening and a background check performed through MedStar St. Mary's Hospital?
 Yes No
- ◆ Do you and your parent(s)/guardian(s) understand that you may need a physical examination?
 Yes No
- ◆ Do you and your parent(s)/guardian(s) understand that you will need a Tuberculin Test and may need a MMR, Varicella, & Hepatitis B titer in order to serve in the Youth Volunteer Program?
 Yes No
(The Occupational Health Office will coordinate testing at no cost to you.)
- ◆ Do you understand that all potential volunteers must be interviewed or attend an open house with a parent or guardian, and attend an orientation before placement as a volunteer at MedStar St. Mary's Hospital? Yes No
- ◆ Do you understand that a copy of your most current grades and two signed letters of reference must accompany this application? Yes No
- ◆ Do you and your parent(s)/guardian(s) understand that you must abide by hospital and volunteer policies including dress code and appearance policies? Yes No
- ◆ Do you and your parent(s)/guardian(s) understand that you must complete a minimum of 25 hours before a reference letter will be provided? Yes No

I understand the requirements of the Youth Volunteer Program at MedStar St. Mary's Hospital. My signature indicates my willingness to meet all the requirements.

Signature of Applicant

Date

Parental/Guardian Permission

I/We, _____,

the parent(s)/guardian(s) of _____,

understand the above requirements and duties of the Youth Volunteer Program at MedStar St.

Mary's Hospital. I/We give my/our permission for my/our child to serve as a volunteer at MedStar St. Mary's Hospital.

Signature of Parent(s)/Guardian(s)

Date



MedStar St. Mary's
Hospital

Confidentiality Statement - For Volunteers

I understand and agree that as part of my volunteer duties on the premises of, or on behalf of, MedStar Entity, Inc. or any of its subsidiaries or affiliates (collectively "MedStar"), I may, both prior to, and while on the premises, have access to, or come in contact with, Confidential Information.

I understand that Confidential Information includes, but is not limited to, any of the following information or materials owned by, or in the possession of MedStar (including any such information created by me in connection with my position): All business information, personnel information, quality improvement information, utilization management information, risk management information, operational policies or procedures, patient data or information, medical records, promotional and marketing programs, business plans, product specifications, manufacturing processes and operations, information about techniques, analytical methodology, safety, testing data and results, future market and product plans, billing and financial data and information, computer passwords/access rights, trade secrets, work product, intellectual property, and other information of a technical, scientific, or economic nature relating in any way to MedStar.

I understand that all Confidential Information created, obtained, received, reviewed, or which I may have contact with in connection with my role as a volunteer, is confidential in nature. I further understand and agree that I shall, at all times ensure the confidentiality of all Confidential Information I have contact with, that I shall not re-disclose such Confidential Information to any other person or entity without prior written approval from MedStar, and that I shall comply with all applicable laws including the obligation to maintain patient privacy. I further agree that I shall only review or access Confidential Information as specifically permitted by MedStar.

I agree to promptly inform appropriate representatives of MedStar of any breach of confidentiality for which I become aware and to reduce the effect of such breach by retrieving any inappropriately disclosed Confidential Information and taking any other actions necessary to minimize the effect of such disclosure or use of such Confidential Information. I understand that a failure to comply with the terms of this agreement may result in disciplinary actions, including but not limited to immediate dismissal, criminal or civil sanctions.

I have been informed of and I am in complete understanding of this policy.

Printed Name: _____

Signature of Volunteer **Date:** _____

Parent/Guardian Printed Name: _____

Parent's/Guardian's Signature (if under 18 years of age) **Date:** _____

Witness Printed Name: _____

Witness Signature: _____ **Date:** _____

(A witness signature is required on this form. A legal witness is someone over 18 years of age and not a parent or close relative, and is present when the persons listed above sign the form.)



MedStar St. Mary's
Hospital

CODE OF CONDUCT POLICY

I have been informed of the MedStar St. Mary's Hospital Code of Conduct Policy and know where to reference the policy.*

Printed Name: _____

_____ Date: _____

Signature of Volunteer

Parent/Guardian Printed Name: _____

_____ Date: _____

Parent's/Guardian's Signature (if under 18 years of age)

Witness Printed Name: _____

Witness Signature: _____ Date: _____

(A witness signature is required on this form. A legal witness is someone over 18 years of age and not a parent or close relative, and is present when the persons listed above sign the form.)

****MedStar St. Mary's Hospital, MedStar Health Code of Conduct policy can be referenced in the Volunteer & Student Services office and at the Front Desk in the Volunteer Reference guide. (See attached notice.)***

CODE OF CONDUCT POLICY



- Is it inconsistent with MedStar Health’s values and policies?
- Is it illegal or unethical?
- Is it unfair or inappropriate, or does it appear unfair or inappropriate?
- Would MedStar Health (or you) be compromised or embarrassed if it became public knowledge?

Fraud, Abuse & Waste/ Confidentiality / Reputation / Employment Practice/ Gifts Environmental Concerns / Business Practice

I have been informed of the MedStar St. Mary’s Hospital Code of Conduct Policy and know where to reference the policy.

MedStar St. Mary’s Hospital, MedStar Health Code of Conduct policy can be referenced in the Volunteer & Student Services office, at the Front Desk in the Volunteer Reference guide and with your instructor.

Knowledge and Compassion **Focused on You**



A full copy of the policy can be provided at your request.



MedStar St. Mary's
Hospital

Consent to Photograph

The undersigned hereby authorizes MedStar St. Mary's Hospital to photograph or permit other persons to photograph, videograph and/or interview

Print Full Name of Volunteer

and agrees that they may use or permit other persons to use the negatives, prints, video or interview prepared there from for such purposes and in such manner as may be deemed appropriate and necessary.

Signature of Volunteer

Date: _____

Parent/Guardian Printed Name: _____

Parent's/Guardian's Signature (if under 18 years of age)

Date: _____

Witness Printed Name: _____

Witness Signature: _____ Date: _____

(A witness signature is required on this form. A legal witness is someone over 18 years of age and not a parent or close relative, and is present when the persons listed above sign the form.)