University Hospitals
Geauga Medical Center
A Campus of UH Regional Hospitals

Dear Future Volunteer,

Thank you for your interest in volunteering at University Hospitals Geauga Medical Center. Our volunteers provide valuable service in many diverse and important ways to patients, guests and staff while enjoying personal growth and satisfaction.

Attached you will find information about our volunteer application process. After reviewing the steps and requirements for volunteering, your first step would be to return a completed application to:

Volunteer Services Department
UH Geauga Medical Center
13207 Ravenna Rd, Chardon, Ohio 44024.

After contacting your references (or after receipt of your School Recommendation/Parental Consent form for teens), we will contact you to arrange an interview with our staff.

We look forward to meeting with you to discuss your desire to make a difference and help others by becoming a volunteer at UH Geauga Medical Center.

Sincerely,

Volunteer Services
Office Phone (440) 285-6271

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STEPS TO BECOME A VOLUNTEER

1. THE APPLICATION

To become a volunteer, you must be ***at least 15 years of age*** and commit to ***a minimum of 50 hours of service*** during your first year *(exceptions for summer volunteer program, Pet Pals, Musical Arts and intern/service learning applicants).* Once we receive your Volunteer Application, references will be contacted by phone. Teen applicants submit a separate school recommendation form that includes parent/guardian signature for their reference requirement.

2. THE INTERVIEW

Once your references are confirmed, Volunteer Services will call you to set up an interview. The interview is a time to talk about your interests, skills, and the times you are available in order to decide whether a volunteer placement can be made.

If the interview results in volunteer placement, you will then complete these requirements:

3. CRIMINAL BACKGROUND CHECK AND PHOTO

Volunteers age 18 and over are required to have a criminal background check. Volunteering is conditional upon the results of the background check. A headshot photo is also required for a volunteer ID badge.

4. HEALTH REQUIREMENT

All volunteers must comply with the hospital's health policies:

1. To make sure a person is free of active TB disease, a TB blood draw is administered through the hospital's Health Clinic free of charge for volunteers. Volunteers who had either a 2-step or blood draw TB test within the past six months can provide documentation to fulfill the requirement.
2. If observing during flu season months (October through April), documentation of a flu vaccination for the current season or a signed declination form and mask while volunteering.

5. ORIENTATION

Volunteer orientation provides important information about the hospital and volunteer roles. All new volunteers are required to complete our virtual orientation.

6. TRAINING

Training for your assigned position is provided by staff in the department where you will serve or by a trained volunteer.

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VOLUNTEER APPLICATION

PLEASE PRINT Date:_____

I am interested in:

____Volunteer _____Musical Arts _____Summer Only Volunteer _____Internship
Dates: _____

____Pet Pals _____Spiritual Care _____Veterans Visitation Dept: _____

Name: Last_____ First_____ M.I._____

Address_____ Apt. #_____

City_____ State_____ Zip_____

Home Phone (_____)_____Cell Phone: (_____)_____Other: (_____)_____

Email:_____ Birth Date:_____

Spouse's Name (if applies):_____
Alternate Address (i.e. school address, winter home address, etc. if applies):

_____

Emergency Contact _____ Relationship _____

Home Phone (_____) _____ Other Phone (_____)_____

Education/Interests:
Check all that apply
____High School Graduate High School_____ Graduation Year _____

University/College_____ Years Attended _____ Degree Earned _____
Other Schooling:_____

List any other training, skills or interests that would help us in placing you:

_____

Personal History:
Any limits because of your health: _____

Have you ever been convicted of a felony or misdemeanor? Yes ____ No ____
If yes, state offense, location and disposition (NOTE: A conviction does not necessarily disqualify you from volunteering)

_____

References:

Please give 2 adult references we can contact, <u>not related to you,</u> who have known you for a least 1 year:

High School Students: Provide the School Recommendation/Parental Consent Form instead of references.

1. Name _____ Phone (_____)_____

2. Name _____ Phone (_____)_____

Volunteer/Work History: Please list current or most recent employer or volunteer experience, if applicable

Employment Status: __Currently Employed __Formerly Employed __Retired

Current or Last Employer and/or Volunteer Service _____

From: Month_____ Year_____ To: Month_____ Year:_____ May we contact? Yes____ No____

Address _____ City_____ Phone (____)_____

Job Held _____ Name of Supervisor _____

Description of Duties _____

Have you ever volunteered or worked at this hospital? Yes_____ No_____

If yes, please give Dates_____ Department_____

Please read carefully & sign:

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability or veteran status.

I understand that I will be expected to abide by all volunteer policies. I also understand that I commit to serve a minimum of 50 hours within 1 year if assigned to a traditional volunteer position. I understand the application, interview, background check, and placement process are required of all volunteer applicants and are in no way a contract for volunteer service or promise of future volunteer service. I understand I am required to complete the volunteer orientation and all health requirements.

I certify that the above information I have given on this application is true and complete. I authorize investigation of all statements contained in this application and understand that my giving false information is sufficient for my discharge, if accepted. Due to the nature of some volunteer positions, I authorize the companies, schools or persons named in this application to provide information regarding me and hereby release them from liability for issuing this information.

I understand that I may be required to participate in a criminal background check prior to my volunteer service. This background check is conducted to ascertain whether I have been convicted of certain crimes or violations which could disqualify me from eligibility for volunteer service. If I fail to provide the information necessary to complete the required forms I will no longer be considered for volunteer service. My volunteer service at UHGMC is contingent upon a records check that does not reveal any disqualifying offense(s). If I am accepted as a volunteer, my status will be conditional pending receipt of this information.

This organization is not obligated to provide a placement, nor am I obligated to accept the position offered.

Signature of Applicant _____ Date_____

Signature of Parent/Guardian (if under 18 yrs. of age)_____ Date:_____

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HEALTH SCREENING REQUIREMENTS FOR VOLUNTEERS

TB Screening Requirement:

Have you had a Tuberculosis screening test within the past 6 months?

_____Yes Please provide documentation.

_____No

UH Health Clinic will administer at no cost to all volunteers a TB blood draw test (waived if documentation provided that a 2-step or blood test was performed within the past 6 months).

If you are a positive reactor, your service is placed on hold until verification of a chest x-ray submitted from the volunteer's own provider of choice. Volunteers follow the hospital's Tuberculosis Policy & Procedure guidelines for testing frequency.

Flu Vaccination Requirement:

Adults age 18 and older:

- Volunteers must have a flu vaccine for current flu season or sign a declination form and mask while volunteering.
- UH Health Clinic will provide at no cost a flu vaccination during flu season (November – April)
- Volunteers must provide documentation of a flu vaccine if obtained from another provider

Teens age 15-17 and Interns:

- Teen volunteers and interns must provide proof of a flu vaccine for current flu season or sign a declination form and mask while volunteering.
- Note: UH Corporate Health Clinic unable to administer vaccine for volunteers age 17 and under.

Injuries or Exposures:

Volunteers are not asked to perform duties where it is reasonably anticipated that there could be contact with blood or other potentially infectious materials. However, in the event a volunteer sustains an exposure or other injury while volunteering, the volunteer is to immediately notify Volunteer Services or the Administrative Nursing Supervisor on duty. If the injury warrants immediate attention, the volunteer will report to the nearest UH Urgent Care or Emergency Department for evaluation. Expenses incurred during evaluation and treatment may or may not be the responsibility of the volunteer.

It is the responsibility of the volunteer to notify Volunteer Services regarding any illness due to an infectious virus or disease and report any change in their health status that may affect their ability to perform their volunteer duties safely.