



Lehigh Regional Medical Center

AUXILIARY VOLUNTEER PROGRAM MEMBERSHIP APPLICATION

(Please print clearly.)

Thank you for applying for membership to the Auxiliary of Lehigh Regional Medical Center hospital name to volunteer your time, talent and services. Volunteering at a hospital is a wonderful way to give of yourself to your community.

Please complete this Membership Application, Volunteer Obligations & Confidentiality & Privacy Agreement, and Customer Service Expectations, and return to: Membership of the Auxiliary of Lehigh Regional Medical Center at _____.

Identification Information (Please list your legal name)		
Last Name	First Name	Middle Name
Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on you background? Yes ____ No ____ If yes, please explain.		
Street Address	City	Zip Code
Home Phone	Work Phone	Cell Phone/Pager
E-mail address:		
Emergency contact		
Name	Relationship	Phone

Experience, Skills and Interests (Tell us about yourself)

How did you find out about the Auxiliary?

Friend _____ Website _____ Hospital Visit _____ Flyer/Ad _____

Other _____

Why do you want to volunteer?

Please list other volunteer experience or organizations, clubs, professional societies, or other associations to which you belong or have belonged to.

Are you working as a volunteer to get hours for a school or higher education program?

Yes _____ No _____

If yes, what documentation do you need from us?

Do you read, speak or write a language other than English?

Yes _____ No _____

Please list:

If yes, do you mind interpreting non-medical information for patients/visitors?

Yes _____ No _____

There are criteria and physical requirements for each position. We will try our best to assign you to an available position that will accommodate your skills, and will be mutually beneficial to you and the Auxiliary/hospital. We will discuss possible placement options with you before we assign you to a position.

Do you need accommodations for a medical condition or physical limitation?

Yes _____ No _____

If yes, please list:

Conviction Record (This must be completed to be considered for volunteering)

Have you ever been convicted of a felony or a misdemeanor that has not been judicially expunged, sealed or eradicated? Yes _____ No _____

Do you have any felony or misdemeanor charges pending against you that are unresolved?

Yes _____ No _____

If dealing with patients, have you been arrested for any sex-related offenses for which registration as a sex offender may be required? **Yes**____ **No**____

If yes to any above, please explain. *(Positive responses will not necessarily bar you from a position.)*

Agreement:

- I understand I will be asked for government issued ID to verify my identity, and authorize agencies and persons contacted for reference or background information to release information.
- I understand any misrepresentation or material omission of information in this application may be a cause of dismissal from the Auxiliary.
- I understand that the Auxiliary cannot guarantee a position, and that there are qualifications, requirements, competence and physical criteria for positions. The Auxiliary will try its best to find me a position that meets my skills/needs and that of the Auxiliary/hospital.
- I understand that state and national hospital regulatory agencies require that persons working in a hospital setting receive orientation/training and have an annual TB test. Failure to do so may result in temporary suspension from the Auxiliary until complete or possible dismissal.
- I agree to read, abide by the policies and procedures, expectations, ethics, customer service standards as presented in the mandatory training and orientation and to perform the duties expected of me to the best of my ability.
- I understand that I donate my services to the hospital without contemplation of compensation or future employment.
- I understand that my volunteering opportunity may be terminated at any time for any reason as a result of: failure to comply with policies and regulations; absences without notification; unsatisfactory attitude, performance or appearance; or any other circumstance, in the judgment of the coordinator that would make my services as a volunteer contrary to the best interest of the Auxiliary and/or hospital.
- I agree to make an effort to fulfill my commitment, be punctual and conscientious and conduct myself with dignity, courtesy, and consideration of others.

I hereby certify that all the information included on this application is true and complete to the best of my knowledge.

Signature

Date

AUXILIARY VOLUNTEER PROGRAM

VOLUNTEER OBLIGATIONS & CONFIDENTIALITY & PRIVACY AGREEMENT

I agree to:

- Understand and follow state and federal (including HIPAA) confidentiality and privacy regulations, patient privacy notice, and patient rights as outlined in volunteer training:
 - I will consider as confidential and private all information that I hear or see, directly or indirectly, concerning a patient, doctor or any member of the staff.
 - I will not disclose or discuss a patient's condition with anyone and will not ask for confidential information regarding a patient.
 - I will protect patient's confidentiality by keeping patient information on lists covered so no other eyes can see them, and will dispose of the information in an approved non-public area.
 - If I do need to discuss patient information to do my job, I will pay attention to who is around me and will use a quiet voice to assure auditory privacy.
 - I understand that breach of confidentiality is cause for immediate dismissal from volunteering..

- Not recommend a doctor, nor discuss his or her qualifications.

- Not discuss my personal affairs or my medical condition with patients or visitors.

- Do only work to which I am assigned and for which I am trained.

- Do not enter a patient's room if:
 - Permission has not been granted. (You should always introduce yourself and if patient does not wish a visit, honor their request.)
 - An isolation table is near the door or an isolation sign is on the door.
 - A "Do Not Enter" sign is posted.

- Not to come to the hospital if I am feeling ill or have an infection.

- Secure a substitute from the list provided by your committee chairman if you cannot come to the hospital. Notify your committee chairman/volunteer leadership if you cannot find a substitute.

- Not smoke on the hospital campus (as the hospital is a smoke-free facility).

- No gum chewing and no eating while volunteering

- Use no perfume or after-shave lotion, fragrance or heavily scented soaps before coming to the hospital. (Many patients have allergies or dislike to smells while they are ill.)
- Not to drink alcoholic beverages before coming to the hospital. Alcohol on your breath is cause for immediate dismissal from volunteering.
- Understand that all persons have a right to their own cultural or religious/spiritual beliefs. I will not use my position to express my personal philosophy, religious, cultural beliefs or political beliefs to anyone.
- Follow federal anti-discrimination regulations as outlined in my volunteer training.
- Follow infection control procedures, and wash my hands or use Purell after direct contact with a patient.
- Understand that safety is my responsibility too and will follow procedures as outlined in the volunteer training. I will report any injuries, safety issues or "near misses" to Volunteer Services management and/or "Near Miss line/ Verge" immediately.
- Follow Corporate Compliance, including Code of Conduct, as outlined in training.
- Follow Lehigh Regional Medical Center's Customer Service Standards & AIDET+ Expectations, and be courteous, pleasant and efficient at all times.

Other Agreements:

- I authorize agencies and persons contacted for reference or background information to release information.
- I understand any misrepresentation or material omission of information on my application may be a cause of dismissal from volunteering.
- I understand that there are requirements and physical criteria for positions. The Auxiliary will try its best to accommodate my skills, limitations, etc. to assign me to an available position that will be mutually beneficial to the Auxiliary and me and the hospital, but cannot guarantee a position.
- I agree to read, abide by the policies and procedures, expectations, ethics, customer service standards as presented in mandatory training and orientation, "Volunteer Obligations & Confidentiality & Privacy Agreement", and to perform the duties expected of me to the best of my ability.

- I understand that I donate my services to the hospital without contemplation of compensation or future employment and agree that he/she will receive no compensation for participating in Lehigh Regional Medical Center's Volunteer Program.
- The undersigned understands and agrees that his/her volunteering at Lehigh Regional Medical Center does not in any way render the volunteer an employee of the hospital or any Hospital's entity; nor engage him/her in a contract of employment, nor does the hospital accept responsibility for the volunteer as it would an employee.
- I understand that my volunteering opportunity may be terminated at any time as a result of: failure to comply with policies and regulations; absences without notification; unsatisfactory attitude, work; or any other circumstance, in the judgment of management that would make my services as a volunteer contrary to the best interest of the Auxiliary and/or hospital.
- I will make an effort to fulfill my commitment, be punctual and conscientious and conduct myself with dignity, courtesy, and consideration of others.

I have read and agree to PHSI's Volunteer Obligations & Confidentiality & Privacy Agreement.

Signature	Date
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AUXILIARY VOLUNTEER PROGRAM

CUSTOMER SERVICE EXPECTATIONS

As a healthcare volunteer, you have an important role. We are the smile and the eyes our patients or visitors see when they are afraid, in an unfamiliar environment or procedure. Here you have a chance to make the difference in the lives of many others.

At Lehigh Regional Medical Center everyone we have contact with is **our customer**. These expectations are an attempt to provide consistent, caring service to all of our customers:

CUSTOMER SERVICE STANDARDS

Our Customers Come First:

- We acknowledge each person in a friendly manner with a smile and eye contact, and offer assistance as needed. (Note: Please smile or say something like: "hello", "good morning", "good-bye"...as appropriate to people you pass by in the halls, etc. If someone looks lost, please offer assistance and if you have time, please take them to their destination.)
- We actively participate or solicit customer needs and strive to exceed the expectations of our customers.

Positive Image:

- We maintain a professional image adhering to dress code; and a clean, orderly work environment that portrays an overall impression of excellence.

Teamwork:

- We treat each other with courtesy and respect, not making excuses nor blaming other staff or departments.
- We work together to improve customer service and quality.

Service Recovery:

- We respond to customer concerns and make sure the customer receives timely follow up.
- We provide an enhanced level of service after a service failure to ensure customer satisfaction.

PROFESSIONAL ATTRIBUTES

- Treat all customers respectfully.
- Accept/support team decisions.
- Focus on problem – not the person.
- Go to the source.
- Be accessible and responsive.
- If you agree to do something, just do it.
- Be on time.
- Be solution focused – no complaining without problem solving.
- Maintain confidentiality.
- Exhibit a “can-do” attitude.
- Ask for help.
- Be attentive/focused.
- Use common courtesy and hospitality in dealing with customers (e.g., hold elevators and doors open for our customers, etc.).

COMMUNICATION

- Let customer know you understood by restating.
- Communicate clearly, honestly, politely.
- Use pleasant/appropriate tone at all times.
- Conduct personal conversations in private.
- Utilize positive body language.
- Be approachable.
- Stomp out rumors.
- When answering the phone, please state your department and name.
 - Example for internal calls: “Surgery Waiting. This is Sherry.”
 - Example for outside calls: “Lehigh Regional Medical Center Surgery Waiting. This is Sherry.”
- When entering patient rooms, explain who you are and ask patient for permission (HIPAA requirement).

I agree to conduct myself in accordance with PHSI’s Customer Service Expectations as outlined above.

Signature	Date
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