



Dear Prospective Volunteer,

Joining our dedicated team of volunteers can be a richly rewarding experience for you. Our volunteers serve our community and our hospital through compassion, dedication and financial support, donating countless hours and touching numerous lives. It is true that in sharing the burdens of others, one gains strength to bear his or her own.

I have included an application and postage paid envelope with this letter. Please complete the entire application and mail it back to Volunteer Services.

Thank you for your interest in the volunteer services program at Baxter Regional Medical Center. We are waiting to hear from you!

*Sincerely,
Becky Rose
Director of Volunteer Services*



Baxter Regional
VOLUNTEER
SERVICES

624 Hospital Drive
Mountain Home, AR 72653

Date _____

Volunteer Services Office

Volunteer Application

NAME: LAST FIRST MIDDLE NICKNAME

ADDRESS CITY STATE ZIP CODE

HOME PHONE _____ WORK PHONE _____

E-MAIL _____

EMERGENCY CONTACT

1. _____
NAME RELATIONSHIP PHONE #

2. _____
NAME RELATIONSHIP PHONE #

HOW DID YOU BECOME INTERESTED IN OUR VOLUNTEER PROGRAM?

HAVE YOU VOLUNTEERED FOR THIS ORGANIZATION BEFORE? YES NO

HAVE YOU BEEN OR ARE YOU NOW EMPLOYED WITH BRMC? YES NO

VOLUNTEER EXPERIENCE:

WORK EXPERIENCE:

LIST SKILLS/SPECIAL INTERESTS/FOREIGN OR SIGN LANGUAGE SKILLS:

<p>HAVE YOU EVER COMMITTED A FELONY?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>IF YES, PLEASE GIVE DATE AND DETAILS:</p>
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MEMBERSHIP

ACTIVE: Annual dues \$5.00 (Attendance at general meetings September, November, December, February, March, and April is welcomed.)

PERSONAL OR PROFESSIONAL REFERENCES (PLEASE EXCLUDE RELATIVES)

1. _____

NAME	PHONE NUMBER		

ADDRESS	CITY	STATE	ZIP CODE

2. _____

NAME	PHONE NUMBER		

ADDRESS	CITY	STATE	ZIP CODE

The above information is accurate and correct to the best of my knowledge.

Signature

Date

Your signature indicates your approval for us to do a criminal background check and check references. The organization is not obligated to provide a placement, nor are you obligated to accept the opportunity offered.

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, CREED, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.



Baxter Regional Medical Center

OUR VALUES

Hospitality: *To treat each person as if he or she is the most important person in our facility.*

Enthusiasm: *To reflect a positive feeling in all we say and do.*

Respect: *To display a regard for life, dignity, and uniqueness of those served and those serving.*

Ownership: *To take pride in what we do, feeling responsible for the outcomes of our efforts, and recognizing our work as a reflection of ourselves.*

Excellence: *To consistently exceed our customers expectations.*

Sensitivity: *To promptly respond to our customers inconvenience in a caring and compassionate way.*

As a Baxter Regional Medical Center team member, I will commit to living the values of Baxter Regional Medical Center.

Name _____ Date _____

OUR MISSION

“To promote the overall health of our community through high-quality preventive, diagnostic, and therapeutic services.”

OUR VISION

“In an environment built on Christian principles, we will provide comprehensive, high-quality care, now and in the future. Our Organization is dedicated to the pursuit of excellence.”



Volunteer Birthday Information

As a gesture of our appreciation to all volunteers, we would like to recognize your birthday. Please complete and sign the attached form, and return to Volunteer Services to give us permission to add your information to our database.

Please Print

Name _____

Date of Birth _____ (Year is optional) _____

Signature _____



*Baxter Regional
Medical Center*

Confidential Information

Each of our patients entrust himself or herself to the care of the staff at Baxter Regional Medical Center with the complete assurance that all personal and medical information is held in strict confidence. Employees and volunteers may read or overhear confidential information about a patient or employee in the course of their work and may be approached for information by a person who has no authority to ask for it. It is essential that employees and volunteers do not discuss a patient's, an employee's or a visitor's personal affairs or medical condition with fellow employees, volunteers, other patients, visitors, or anyone else.

Volunteers should report to their chairperson or department head if anyone from outside the hospital or a fellow employee or volunteer asks about the affairs of a patient or an employee.

Volunteers must adhere to the same confidentiality guidelines as hospital employees.

I have read and understand the above statement concerning confidentiality.

Volunteer Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____



Baxter Regional Medical Center

Auxiliary Accident Insurance Procedure

All injuries must be immediately reported to the Volunteer Office, after hours, report to the Clinical Coordinator Office. Any volunteer who has an injury or illness while in the course-and-scope of their volunteer duties, are required to fill out an Incident Report. The report should be delivered to the Volunteer Supervisor. In the event the volunteer feels the need for medical treatment, the volunteer will be advised to report to the Emergency Department for care. Should you, in your volunteer duties, have an accident and need medical treatment, your personal health insurance, if you have health insurance, will be billed first. You will not be responsible for any deductible, out-of-pocket expense or co-pays after your insurance has paid.

If the volunteer is referred to another physician by the Emergency Department physician, the Director of Volunteer Services should be advised and any information should be forwarded with the Incident Report. The injury will be compensated only if it conforms to the rules and regulations established by the hospital. The volunteer should understand that they may use a physician other than the Emergency Department physicians but by doing so, the fees for the physician, or other care, will be the responsibility of the volunteer. In the event of a major claim the accidental insurance policy will become effective.

The hospital accident procedure has been explained to me and I understand that my insurance will be billed first in all instances.

Volunteer

Volunteer Services Representative

Date

Date



*Baxter Regional
Medical Center*

VOLUNTEER SMOKING POLICY

I understand that as a volunteer I will not be able to smoke anywhere on the BRMC Campus. Failure to comply with hospital policy will result in termination of my volunteer status at BRMC.

CAMPUS will include all facilities, grounds, properties, and vehicles operated by BRMC.

To maintain a positive, professional image and good community relations, I understand and agree that I should not go to adjoining grounds during any period for the purpose of smoking.

Signature

Date

624 Hospital Drive
Mtn. Home, AR 72653
870-424-1000
www.baxterregional.org

VOLUNTEER AGREEMENT

If accepted into the volunteer program, I agree to:

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients and staff and not seek to obtain confidential information from a client.
2. Become familiar with the organization's policies and procedures and uphold its philosophy and standards.
3. Donate my services to the organization without contemplation of compensation or future employment.
4. Be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
5. Furnish and maintain an appropriate uniform and maintain a well-groomed appearance during my volunteer time. I understand the Auxiliary uniform consists of a yellow polo shirt, which is issued by Volunteer Services, navy pants or skirt, and sensible shoes. Name badge must be worn in lapel area. Members are required to return name badges, and uniform to Volunteer services upon termination.
6. Attend orientation and in-service training as scheduled.
7. Carry out assignments and seek the assistance of the job supervisor when necessary.
8. Take any problems, criticism or suggestions to my service area supervisor or to the Director of Volunteer Services.
9. Work a specified number of hours on a schedule acceptable to the organization and me.
(*"Active" status requires a minimum of 40 volunteer hours per year*)
10. Adhere to the department's sign-in and recording-of-hours procedures.
11. Notify the volunteer office if unable to work as scheduled and find a substitute according to the volunteer substitution policy.
12. I understand that the Volunteer Services department reserves the right to terminate my volunteer status as a result of (a) failure to comply with organizational policies, rules, and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance, or (d) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the organization.

I have read each of the above conditions, and I agree to be bound by them.

Volunteer Signature

Date

FOR OFFICE USE: To be signed at time of acceptance as a volunteer.

Department Representative

Date

Volunteer Commitment to Customer Service



I understand that Baxter Regional Medical Center takes pride in having on its team people who are committed to treating everyone with respect and empathy. I commit to model the behavior and actions upon which this organization prides itself. As a Volunteer, I know that I am a role model to fellow volunteers of this organization as well as the people in our community. I commit myself to the following Customer Service expectations:

1. I commit to treating our customers with respect and understanding, I will do my very best to assure that individual needs are met.
2. I agree to introduce myself using my name and title.
3. I agree to provide the customer with an explanation of my role and the purpose of what I do and why.
4. I understand that when I'm empathetic to my customers needs, I show them that I care about them as an individual.
5. I understand that empathy and compassion creates customer loyalty.
6. I agree to assure that all customer needs are met prior to leaving and/or ending the customer encounter.
7. I agree to actively participate in customer service initiatives in my department and hospital wide.
8. I understand that the hospital's sole purpose is to take care of our customers. We all work together as a team to get this done; therefore my interaction with co-volunteers will be respectful. I will listen as well as communicate in an effective manner. I know that rudeness is never tolerated.
9. I commit to treating new volunteers with respect. I will help them and make them feel welcomed and a part of the team.
10. I will escort customers to destinations.
11. I will meet and greet within 10 feet.
12. I will keep my customers informed.
13. I understand that taking care of our patients' families is very important and will always do my best to assure their needs are met.
14. I agree to acknowledge customers immediately.
15. I understand that customers are not an interruption of our work, they are our reason for being here; therefore I will respond to the customer in a timely helpful manner.
16. I agree to discuss problems or issues that I may have in private with the Director of Volunteer Services.
17. I agree to always protect my customers' privacy.
18. I understand that telephone etiquette is just as important as face-to-face communication and agree to follow the guidelines as listed in the Volunteer handbook.
19. I agree to take personal responsibility to "recover" a customer.

Signature

Date

Customer Service Expectations

Extended Definitions



1. Recognize that each customer has a unique need and it is up to us to determine what that need is and do our best to meet it.
2. “Hello, my name is John, I’m a Volunteer. I will be escorting you to the Surgery Visitors Center, Is there anything else I can assist you with?”
3. “Good afternoon, my name is Sue, I am a volunteer, you appear to be cold. “Can I offer you a warm blanket or hot cup of coffee?”
4. “Good morning, I’m Sarah, a volunteer. “Can I help you?” (customer response) “Can you point me to the cafeteria?” (volunteer response) “ Let me take you to the cafeteria, I am going that way.”
5. “Hi, I’m Joe, a volunteer. I’m here to deliver your newspaper and TV guide. Is there anything else I can do for you?”
6. Recognize when someone appears to be lost, hurt, ill, or upset. Make a phone call for them, get them a cup of coffee, listen, and acknowledge their emotion. (Volunteer Scripting) “Can I help you find something?” “You really look like you’re hurting, let me get help right away!” “What else can I help you with?” “ Anything else I can help you with today?” “Do you have any questions or concerns?”
7. Be on special committees and attend the General Meetings.
8. We are all a team... no one should feel like an “outsider” when working or visiting in any area of this hospital. Treat each of your fellow volunteers with respect; make them feel welcome in your area. There is no excuse to be treated rudely by a fellow volunteer.
9. Introduce yourself when you notice a new member to the team. Offer help or assistance. Get to know them by asking about them. Thank them for their help and let them know they are a value to your department. Remember- the hand on the badge is to let you know when someone is new so that you can reach out to him or her.
10. Do not point. Use scripting and escort.

Customer Service Expectations

Extended Definitions

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11. A smile and a simple hello shows that we are friendly and open. Creates a warm environment in our facility.
12. Inform customers about: Delays, tests, procedures, plan, meal times, how things work, i.e. TV, call light, etc., You can never give a customer too much information. If customers are kept informed, they don't sit and wonder, "did they forgot about me" "they don't care about me" "I'm just a number"
13. Keep families informed. Most of the time it is the family filling out the survey.
14. If a customer walks up to a counter, acknowledge them immediately. If you are on the phone, a hand gesture to signify you will be with them soon. The customer comes first, stop a conversation you are having with a co-volunteer and assist the customer.
15. If you cannot respond to a customer's request immediately, let them know. Ask for assistance from a fellow team member, or explain to the customer the reason for the delay.
16. Do not ventilate frustrations, anger, and disappointment in public places. Always use a private setting.
17. Ask personal questions in private, keep patients covered, keep door shut when necessary.
18. Answer the telephone in 3 rings; ask permission to put caller on hold, do not leave caller on hold, let caller know that their call is important.
19. Let someone know when you have an encounter with an unhappy customer. There are avenues that can be taken to repair the relationship.



Dear Prospective Volunteer,

As part of the application process to become a volunteer at Baxter Regional Medical Center, we require a criminal background check. Please complete and sign the attached release and return it along with the application. We will be unable to process your application without this completed form.

Thank you for your attention to this request.

VOLUNTEER APPLICANT INFORMATION

Account Number: 101-102317

(Please Print)

Baxter Regional Med Center Volunteer Services

Applicant Name: (First Middle Last)		Current Address: (street address)		
Other Name(s) Used: (like Maiden)		City:	State:	Zip:
2.Other Name(s) Used:		Former Address: (1)		
Social Security No:		City:	State:	Zip:
Driver's License No.:	State:	Former Address: (2)		
Date of Birth:	Place of Birth: (City, State, Country)	City:	State:	Zip:

Applicant Instructions: Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT/VOLUNTEER APPLICANTS AND EMPLOYMENT/VOLUNTEER PURPOSES.

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment/volunteer, resume or during the course of your employment/volunteer, if any.

The Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment/volunteer. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment/volunteer, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report. Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment/volunteer purposes, including any future decisions concerning your employment, promotion, or retention as an employee/volunteer. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT STATEMENT

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment/volunteer. I further understand this consent will apply during the course of my employment/volunteer, should I obtain such status, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize InfoMart and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge this company, our agent, InfoMart and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. **ATTENTION RESIDENTS OF CALIFORNIA, MINNESOTA, & OKLAHOMA ONLY:** By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

APPLICANT:



Fax to (770) 984-8997

Applicant Signature

Date

Applicant Name Typed or Printed