

Longmont United Hospital



Volunteer Service
1950 Mountain View Ave
Longmont, CO 80501
(303) 651-5205
Fax (303) 678-4851

Dear Prospective Volunteer

Thank you for your interest in Longmont United Hospital's Volunteer program. We are very proud of our volunteers and the roles they play as part of our healthcare team. Your willingness to share your time and talent makes a huge difference in the patient experience at the hospital.

The Volunteer Services department is committed to providing equal opportunity for all applicants. Volunteer Services has the responsibility to recruit the most qualified volunteers, determine their capabilities and make assignments accordingly. The qualifications and requirements are as follows:

Basic qualifications for all Volunteers:

- Committed to volunteer at least twice a month with a **minimum requirement of 6 months of service**.
- At least 18 years of age.
- Honest, reliable and able to be professional in all interactions.
- Friendly and customer-service oriented.
- Physically able to work independently; some services require sitting, standing or walking for long periods of time.
- Willing to purchase a volunteer uniform (\$18) and pay annual dues (\$10.)

Requirements for volunteering (**Volunteer opportunities are not clinical internships or rotations**):

- Submit an application.
- Attend an interview with the Volunteer Director and/or Volunteer Coordinator to determine your interest, abilities, schedule and our openings and needs.
- Agree to a criminal background check to insure security and safety.
- Agree to a TB test and Influenza (flu) vaccination (at no cost to you).
- Attend or complete orientation prior to beginning your assignment.
- Attend on the job training specific to your volunteer position.

We are excited to meet you and discuss our volunteer program opportunities with you. If you have any questions, please feel free to contact the Volunteer Services at (303) 651-5205.

Thank you,

Laura F. Kinder
Director of Volunteer Services

Stacey Jackson
Volunteer Coordinator

INSPIRE HEALTH

Mission: *We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.*

Vision: *Centura Health will fulfill a covenant of caring for our communities with excellence and integrity to become their partner for life.*

Core Values: *Compassion, Respect, Integrity, Spirituality, Stewardship, Imagination, Excellence.*

FOR OFFICE USE ONLY

Date Received: _____

Notes: _____

Longmont United Hospital



Volunteer Application

Please print or type • Complete all questions

Thank you for your interest in the Longmont United Hospital Volunteer program. We will contact you when we receive your application to discuss our program and your interests.

Last Name: _____ First Name: _____ MI: _____

Gender: Male Female Preferred Name (if different than first) _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Preferred phone number to contact me: Home Cell

E-Mail Address: _____ Date of Birth _____
Month/Day (Year Optional)

Are you presently employed? Yes No Retired If yes, please complete:

Business Name: _____ Occupation: _____

Primary Emergency Contact: _____ Relationship: _____

Home: _____ - _____ - _____ Work: _____ - _____ - _____ Cell: _____ - _____ - _____

Secondary Non-Household Emergency Contact: _____ Relationship: _____

Home: _____ - _____ - _____ Work: _____ - _____ - _____ Cell: _____ - _____ - _____

EDUCATION: Current College Student? Yes No College: _____

Area of Study/Major _____

Please list any special skills, talents, hobbies or interests that may help place you for volunteer service:

VOLUNTEER EXPERIENCE (past or current): Hospital Nursing Home School
 Faith Organization Other: _____

Reasons why you would like to volunteer at Longmont United Hospital? _____

Have you ever volunteered with us before? Yes No If yes, what year? _____

Have you ever been an employee at Longmont United Hospital? Yes No

If yes, when and what department? _____

How did you hear about our program? _____

Print Name: _____

REFERENCES: Please provide the names of two people who would be willing to serve as a personal reference and are NOT related to you:

Name: _____ Phone: _____ - _____ - _____

Name: _____ Phone: _____ - _____ - _____

EMERGENCY CALL CENTER: Would you be willing to come to the hospital to help answer the phones or help with other duties during a disaster? Yes No

If you answered "yes", how long does it take you to drive to the hospital?

10 minutes or less 11 to 20 minutes More than 20 minutes

FUND-RAISERS: All monies raised through our fund-raisers go to the hospital to help benefit patient care.

Please check if you are interested in:

Helping in special events Serving on the Volunteer Board of Directors

TIME AVAILABLE: Please check the times you are usually available for a volunteer assignment

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Depending on placement, shifts are generally Mornings: 8am-noon, Afternoons: noon-4pm, Evenings 4pm-8pm. There are a few exceptions which will be covered in the interview.

VOLUNTEER INTERESTS

Please check as many as you are interested in:

Special Areas: Gift Shop (all shifts) TAILS: Therapy Dog program (all shifts)
 Caring Clowns (shifts vary) Hand Arts (your own time and at home)
 Music in lobby or patient floors (shifts vary)

Patient Contact: Patient Ambassador (mornings) Nourishment Cart (noon time)
 Entertainment Cart (mornings) Day Surgery (mornings)
 Emergency Department (all shifts). Birthplace (mornings)
 Homestead Adult Day Care (mornings & afternoons) Storycatcher (shifts vary)

Visitor & Information Areas: Welcome Desk (all shifts) ICU Waiting Room (all shifts)
 Surgery Waiting Room (mornings & afternoons)
 Birthplace Welcome Desk (mornings & afternoons)
 Registration – Day Surgery (early morning)

Non-Patient Contact: Volunteer Office (mornings & afternoons)
 Messenger Service (mornings & afternoons) Human Resources (mornings & afternoons)
 Health Center of Integrated Therapies (noon time) Hope Cancer Care (noon time)

We attempt to place you in a volunteer service that will meet your interests and fits our availability. Times and services are subject to change.

Longmont United Hospital



I understand that:

- Acceptance as a volunteer at Longmont United Hospital is contingent upon satisfactory completion of all pre-placement procedures which include, but are not limited to, an interview, criminal background check, TB test results, Influenza vaccination and orientation.
- If accepted, the relationship between Longmont United Hospital and myself is volunteerism at-will and I will not be paid for my services as a volunteer.
- Any misrepresentation of facts will be cause for rejection of this application. In the event of placement in the volunteer program, falsification of any information on this application or during the interview will be cause for dismissal.
- Volunteer Services within Longmont United Hospital are support systems for patients, visitors, staff and other volunteers.
- The Volunteer Services department is not obligated to utilize my services as a volunteer nor am I obligated to accept the assignment.
- Accepting and becoming a volunteer does not guarantee any employment at Longmont United Hospital.
- I shall uphold the mission and vision of the organization at all times.
- When I need to relinquish my volunteer assignment, I will give as much notice as possible (at least a two week notice) and return my volunteer badge to Volunteer Services.
- The Volunteer Services department reserves the right to terminate my volunteer status as a result of:
 - Failure to comply with hospital policies, rules and regulations
 - Several absences without prior notification
 - Unsatisfactory attitude, work or appearance which interferes with our mission

I certify that:

- The information contained in this application is correct and complete to the best of my knowledge.
- I will abide by all Longmont United Hospital policies and procedures.

Volunteer Signature: _____ Date: _____

Print Name: _____

Immunization Statement:

I have been advised that there is an inherent risk of contracting a contagious illness when working in a healthcare facility. The hospital requires and provides for active volunteers, the Influenza vaccination annually and the Tuberculosis quantiferon blood draw. I certify that I am responsible for discussing my volunteer service at the hospital and all recommended vaccinations with my personal physician/health care provider. Any other vaccinations are my responsibility to obtain at my personal cost.

Volunteer Signature: _____ Date: _____

Print Name: _____

Longmont United Hospital



COMMITMENT AND CONFIDENTIALITY AGREEMENT

We very much appreciate your being part of our volunteer team at Longmont United Hospital. We will make every effort to see that your experience here will be rewarding. To ensure that you realize the commitment involved, we request that you read the following statements and sign below:

- I shall hold as ***absolutely confidential*** all information that I may obtain directly or indirectly concerning patients, staff or personnel, and *not seek* to obtain confidential information from anyone that does not pertain to my volunteer position.
- My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian and charitable reasons.
- I shall be professional, punctual and conscientious, conduct myself with dignity, courtesy and consideration of others.
- I shall attempt to resolve any problems related with my volunteer activities with the Volunteer Services staff.
- I shall make my best effort to fulfill my commitment to Longmont United Hospital by completing all assignments that I accept. I will make every effort to try and find a substitute when unavailable for my volunteer shift. I will contact Volunteer Services in advance to notify the substitution or any absences.
- I shall at all times uphold the mission, vision and core values of Longmont United Hospital which include *Compassion, Respect, Integrity, Spirituality, Stewardship, Imagination, and Excellence*.
- I shall abide and uphold the required dress code. I understand that while I am in uniform, I represent Longmont United Hospital.
- I will show respect for the patients, staff and other volunteers. My behavior will be appropriate and I will follow hospital standards. I realize any inappropriate actions on my part will result in dismissal from the program.
- I have the right to request a new volunteer assignment if my current assignment is not acceptable to me.

I have read each of the above conditions and I agree to be bound by them for the length of my volunteer service.

Volunteer Signature: _____ Date: _____

Print Name: _____

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