

# 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 role they play as part of our healthcare team. Your willingness to share your time and talent makes a huge difference in the mission of 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.

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

- Submit an application.
- Attend an interview with the Volunteer Manager 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).
- Complete orientation prior to beginning your assignment.
- Attend on the job training specific to your volunteer position.
- Wear the volunteer uniform while volunteering.

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

Thank you,

*Stacey Jackson*

Manager of Volunteer Services

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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: _____
_____

## Volunteer Application

Please print clearly or type • Complete all questions

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? \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** Please provide the names of two people who would be willing to serve as a personal reference and are NOT related to you. You MUST provide this information in order for your application to be considered.

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

**FUNDRAISERS:** 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. 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.**

**Special Areas:**  Gift Shop (all shifts)  TAILS: Therapy Dog program (all shifts)  
 Caring Clowns (shifts vary)  Hand Arts: Knitting & Sewing (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)  
 Storycatcher (shifts vary)  Patient Portal Navigator (shifts vary)

**Visitor & Information Areas:**  Welcome Desk (all shifts)  ICU Waiting Room (all shifts)  
 Surgery Waiting Room (mornings & afternoons)  
 Registration Desks (early mornings and mornings)

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

I certify that the information contained in this application is correct and complete to the best of my knowledge. Any misrepresentation of facts will be cause for rejection of this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Volunteer 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 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, orientation and training.
- 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.
- My services are donated to the hospital without contemplation of compensation or future employment and given with humanitarian and charitable reasons.
- Volunteer opportunities are not clinical internships or rotations.

### Confidentiality:

I will 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.

### Commitment:

- I will uphold the mission and vision of LUH at all times.
- I will be professional, punctual and conscientious, conduct myself with dignity, courtesy and consideration of others.
- I will make my best effort to fulfill my commitment to Longmont United Hospital by completing all assignments that I accept. I understand that Volunteer shifts, based on my availability, will be scheduled through the Volunteer Services Office. 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 them of any substitutions or absences.
- I will wear the required uniform and my badge while volunteering. I understand that while I am in uniform, I represent Longmont United Hospital.
- I have the right to request a new volunteer assignment if my current assignment is not acceptable to me.
- 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

**Health and Immunization:**

- As a Volunteer for Longmont United Hospital I understand I am not entitled to health benefits or other benefits that are extended to employees.
- If I am injured during the time that I am serving as a Volunteer I understand that I am covered by Centura’s insurance. I understand I need to report all injuries to Volunteer Services immediately.
- I understand that I must not lift patients or heavy equipment.
- 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.

**Drug-Free Workplace:**

In keeping with our mission and core values, Centura Health is dedicated to activities and services promoting health and wellness. Therefore, all volunteers must abide by applicable drug-related laws and must perform their responsibilities unencumbered by the improper possession, distribution, or use of drugs, narcotics, controlled substance or alcohol. The objective is to provide a safe, hazard free environment where patient care can take place under optimum conditions without exposing patients, associates, and others to unnecessary risk or harm. Your signature is your agreement with this policy.

**Tobacco Free Workplace:**

Individuals applying for a volunteer position at Longmont United Hospital (LUH) need to be aware that LUH is a tobacco-free facility. As such, smoking is prohibited in the hospital and anywhere on the hospital campus, including parking lots. For the safety and consideration of our patients, volunteers are expected to report to work free from the smell of smoke and remain smoke-free during their times of service. Your signature is your agreement with this policy.

\_\_\_\_\_

Print Volunteer Name

\_\_\_\_\_

Volunteer Signature

\_\_\_\_\_

Date