

MedStar St. Mary's Hospital Guidelines for Adult Volunteers

The Volunteer program of MedStar St. Mary's Hospital has been designed to enhance the comfort, care and happiness of the patients, families, visitors, and the community and provide many extra services that supplement the functions of the professional staff.

This program is open to all persons 18 years of age and over, **who can donate at least four (4) hours of service each week for a minimum of six months.** Volunteers are placed based on qualifications, needs within our facility, openings within the volunteer program, and volunteer availability. Not all areas listed in our application have current openings. As openings are identified applications are reviewed and applicants matched with the skills and availability required for a specific position. Volunteers must complete health requirements, orientation, and all verification paperwork for onboarding once notified and acceptance of a position.

Health Requirements:

All new volunteers are required to have drug screening, tuberculosis testing, and be fully vaccinated for COVID-19. Volunteers must submit copies of medical records, which provide evidence of immunity, (or have a titer test) for MMR, Varicella, and Hepatitis B. Testing is done through the Occupational Health office. You will be notified when/how to contact Occupational Health for testing.

All volunteers are required to have a flu vaccine annually. MedStar St. Mary's Hospital provides this vaccine free to all staff. Volunteers are required to provide documentation of being fully vaccinated against COVID-19. The definition of fully vaccinated, is both doses of a two-dose COVID-19 vaccine (Pfizer or Moderna) or the single-dose COVID-19 vaccine (Johnson & Johnson). These definitions may change based upon MedStar policy.

Other Requirements:

All volunteers are required to provide complete and accurate information to the hospital that will be submitted for a background check.

Uniforms and identification badges are worn while volunteering. The uniform is supplied by MSMH. A hospital identification badge, issued by MedStar St. Mary's Hospital, will be provided before reporting for your first assignment. The hospital identification badge must be worn while volunteering at MedStar St. Mary's. If lost, the Volunteer Coordinator must be notified immediately, a replacement badge can be obtained and will cost \$10. **The badge and uniform are the property of MedStar, and must be returned to the Volunteer Coordinator when you discontinue service with the hospital.**

A professional appearance is expected at all times; wrinkle free, properly fitting clothing, shirts and blouses tucked in. No facial piercings are allowed, and tattoos must be covered. Closed shoes with rubber heels and socks or stockings are to be worn by volunteers who work in patient care areas. Hair must be well groomed, beards, mustaches and sideburns neatly trimmed. Caps and hats should not be worn unless they are part of a uniform established by the department in which the volunteer works. No blue denim jeans, jean-type (look) slacks, leg warmers, stretch pants, tube tops, jogging suits, athletic attire of any kind, low-cut, low-back or backless dresses or blouses, sweatshirts or sweatpants, slippers or house shoes. Lab coats and scrubs may only be worn by authorized clinical personnel, unless required by regulatory agencies or department policy. Volunteer should avoid excessive jewelry and strong perfumes or colognes. Additional appearance guidelines are addressed in orientation.

Volunteers are responsible for keeping accurate records of their volunteer hours. Sign or clock in and out for each shift.

Confidentiality and privacy of patients, staff, and public are extremely important at MedStar St. Mary's Hospital (also known as "HIPAA"). A Statement of Confidentiality will be signed at the time of acceptance as a volunteer. Breach of patient confidentiality is grounds for immediate release from the volunteer program.

Each volunteer must abide by MedStar and Hospital policies and procedures and all information, policies, and procedures contained in the MedStar St. Mary's Hospital Volunteer Handbook, which will be provided as part of the volunteer orientation and prior to beginning volunteer service.

Volunteers will complete orientation offered by the hospital that will include customer service and all Joint Commission requirements, similar to associates.

Benefits provided:

- Free meal on the day of volunteering while signed or clocked in for 4 or more hours (costing \$7.50 or less). Volunteer uniform and badge must be worn.
- Free parking.
- Flu vaccines are offered annually to all active volunteers free of charge. (Flu vaccines are required for all associates, volunteers, students.)
- COVID-19 vaccinations and boosters are offered to all active volunteers free of charge.
- Discounts in the Hospital Gift Shop. (*details in the handbook*)
- Advertised classes that are applicable to the volunteer's position.
- Associate and volunteer social functions.

Volunteers **will not:**

- Give medications of any kind under any circumstances.
- Sit with (monitor) unconscious or critically ill patients.
- Manipulate bottle or bag when patient is receiving intravenous therapy.
- Assist doctors.
- Lift patients.
- Give patients food or drink without prior training, competency testing, and permission of nursing staff.
- Give medical advice to patients.
- Move patients who are in traction (not even to make the bed).
- Read patients' charts.
- Write notations on any part of the medical record.
- Enter the Delivery Room, Operating Room, Obstetrics or Emergency Department unless that is the area in which you volunteer.
- Enter isolation rooms i.e., those under airborne precautions.
- Collect or handle specimens.
- Take blood pressures, vital signs, or weights.
- Handle urinals, bedpans, and/or drainage containers.
- Wash urinals, bedpans, or any used equipment.
- Handle sharps (needles, etc.).
- Perform dressing changes or do treatments.
- Adjust bed positions.
- Ambulate (walk) a patient.
- Accept any tips or gratuities from visitors, patients, or associates.
- Transport patients on stretchers unassisted.
- Feed patients or assist with meals without proper instruction, competency testing, and nursing staff oversight.

If you have questions, please contact the Volunteer Office at 301-475-6453, or email the coordinator at Mary.Cheseldine@medstar.net

MedStar St. Mary's Hospital Volunteer Application

**Please complete all
areas of this application.**

Return by mail to:
Volunteer Office
P.O. Box 527
25500 Point Lookout Road
Leonardtown, Maryland 20650

Or submit via email: **Mary.Cheseldine@medstar.net**

Please call **301-475-6453** for assistance.

PERSONAL DATA

Last Name First Name MI

Preferred name: _____

Mailing Address (school address if living on campus) Apartment Number

City State Zip

(_____) (_____) (_____) _____
Home Telephone No. Work Telephone No. Cell Phone No.
(Check preferred telephone number where you can be reached.)

E-Mail Address

Name, Telephone Number & Relationship of the Person to be Notified in Case of Emergency:

Name Phone Relationship
Have you ever **been employed** or served as a **volunteer** at MSMH or any other MedStar facility before?
 Yes No

If yes, what year? _____ Under what name? _____

What Facility? _____

Identify any relative(s) presently employed at MedStar St. Mary's Hospital.

Name _____ Relationship _____

Name _____ Relationship _____

Have you ever been convicted of a felony? Yes No

If yes, describe when the conviction occurred, the facts and circumstances and any other pertinent information. Do not list any criminal charges for which the records have been stricken.

(A criminal offense will not necessarily bar you from serving as a volunteer.)

Driver's License Number Birthday: _____ / _____
Month / Day

I am age 18 or older. _____ YES _____ NO

EDUCATION/SKILLS

Education (check highest level that applies)

High School Trade or Technical School College Post-Graduate

If in high school or college: Name of School _____

Current Grade Level _____ Anticipated Graduation Date _____ Year _____ Month _____

Long range occupational goals or interests

Special skills, training, hobbies

Have you volunteered/worked in a healthcare setting before? Yes No

If yes, please describe the experience: _____

Reason for wanting to volunteer at MedStar St. Mary's Hospital:

Other special skills

- | | | |
|---|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Art (posters, etc.) | <input type="checkbox"/> Calligraphy |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Sewing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Accounting | <input type="checkbox"/> Musical Instrument |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing & Composition |
| <input type="checkbox"/> Other _____ | | |

Would you be willing to work on special events/projects such as health fairs and blood drives?

Yes No

Service Area Opportunities (check areas of interest – some areas may not have openings)

- Patient Related Services Office/Clerical Computer Entry
- Lobby Information Desk Hospitality Cart Gift Shop Patient Liaison

Availability: **Check days** you are available and **preferred times** (morning, afternoon, evening) on those days.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

3 REFERENCES: List three references who are not relatives or employers.
Information in this section must be filled out completely.

Provide full home mailing addresses & an email address for your references.

_____ Name	_____ Length of time known
_____ Mailing Address	_____ City, State, Zip
Email Address: _____	
Daytime telephone number _____ Evening telephone number _____	

_____ Name	_____ Length of time known
_____ Mailing Address	_____ City, State, Zip
Daytime telephone number _____ Evening telephone number _____	

_____ Name	_____ Length of time known
_____ Mailing Address	_____ City, State, Zip
Email Address: _____	
Daytime telephone number _____ Evening telephone number _____	

Previous Employer:

_____ Company Name	_____ Dates of Employment
Supervisor Name: _____	
_____ Mailing Address	_____ City, State, Zip
Email Address: _____	
Telephone number _____	



**25500 Point Lookout Road
Leonardtown, Maryland 20650**

Volunteer Applicant's Statement

I certify that the answers given to this application are true and complete and I authorize MedStar St. Mary's Hospital to investigate any or all statements made herein. I understand that any falsification or omission of information will result in rejection and /or immediate termination. I agree that my volunteering, and the terms and conditions thereof, may be modified or terminated at any time at the discretion of MedStar St. Mary's Hospital. I agree as a condition of volunteering to conform to Hospital rules and regulations.

I understand that volunteering is contingent upon favorable results of any and all tests such as drug screen analysis for substance abuse, successful completion of a physical assessment conducted by Hospital staff, and receipt of acceptable references from previous employers, Consumer Investigative Report, meeting employability requirements of the Federal Immigration and naturalization Service and submitting appropriate documentation to satisfy the requirements for completing INS Form I-9.

Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

Printed Name of Applicant

Applicant's Signature

Date

Release of Previous Employment Information

I have applied to MedStar St. Mary's Hospital (MSMH) for a volunteer position, and I desire MSMH be fully advised of my employment record with your organization.

I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damage for providing the information requested.

Applicant's Signature

Date