

2010 Adult Volunteer Information

Dear Volunteer Applicant:

Thank you for your interest in the volunteer program at The Medical Center of Aurora and Centennial Medical Plaza. We consider volunteers a vital part of our hospital providing priceless contributions to the well being of our patients, their families and our staff.

Commitments we ask for from volunteers:

- 1.) Commit to adhere to the Mission, Vision, and Values of our hospital.
- 2.) Commit to providing exceptional customer service at all times to all family members.
- 3.) Commit to volunteering at least once a week, for at least 4-hours a week.
- 4.) Commit to volunteering for a minimum of 6 months.
- 5.) All volunteers will need to adhere to the hospital dress code and safety policies and procedures.

Physical Qualifications Needed in a Volunteer:

- 1.) Physical ability to walk extensive distances, with or without a walking assisted device. The walk in and out of the facility is approximately ¼ mile.
- 2.) Physical ability to be able to process **auditory** information **accurately** by telephone and in person, with or without assisted device.
- 3.) Physical ability to be able to process **visual** information **accurately**, with or without assisted device.

Application Process:

- 1.) Please complete and return the enclosed paperwork.
Stephanie Manley
Volunteer Services at The Medical Center of Aurora
1390 S. Potomac Street, Suite 116
Aurora, CO 80012
- 2.) The reference needs to be completed by someone other than a family member.
- 3.) Once a complete application has been submitted and a background check completed, the applicant will be contacted for a phone or in person for an interview.
- 4.) After the interview, applicants who are a good match will be invited to attend a hospital orientation.
- 5.) During orientation, volunteers who will be working in patient care areas will need to take a TB test. You will need to return to the facility 48-72 hours after testing to have the site checked. The Employee Health Nurse is available Mondays-Fridays from 7am-4pm. If your TB comes back with a positive read, you will need to have a chest x-ray completed at your own cost.

Thank you for wanting to make a difference in our hospital community. If you have any questions, please feel free to call 303-695-2684.

Sincerely,
Stephanie Manley, MA, MHA
Volunteer Services Director

2010 Open Volunteers Positions

As of 7/1/10, applications are being accepted for volunteer positions starting in September 2010. Volunteer opportunities for July and August are full.

Information Desk Ambassadors

Greeters are our front-line team dedicated to ensuring that all patients and guests feel welcome as they enter our hospital facility. Outstanding customer service skills are essential. This is a great way to help people. This is one of our most important volunteer positions in the hospital.

- Shifts available: Weekdays 7am-7pm.
- Physical Abilities needed: Ability to walk and stand for extended periods of time.
- Ability to use a computer to look up information. Ability to process multiple sources of information and prioritize customer service tasks.

Medical Records (Hospital Information Management)

This department needs volunteers from 7am-7pm. Medical Records is located at 1421 S. Potomac Street in the lower level. This wonderful team manages ALL of the medical records for the entire hospital. You can choose your days & hours. You'll be partnered with a staff person who will guide you and answer your questions. This position does not involve coding.

- Location: 1421 S. Potomac Street, Lower Level
- Shifts available: Mondays-Fridays 7am-5pm, Saturdays 8am-12pm

Note to Applicants:

In order to avoid any perception of misrepresentation or unethical behavior, volunteers at The Medical Center of Aurora are not permitted to request or accept fees for service at that facility. Similarly, volunteers are not permitted to actively solicit business or employed positions from facility staff or clients.



**The Medical Center of Aurora
Centennial Medical Plaza**

2010 ADULT VOLUNTEER APPLICATION

DATE: _____

PERSONAL INFORMATION

Name: _____
 Last First Middle

Address: _____

Apt/Unit : _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of person to contact in case of emergency: _____

Phone number of emergency contact: _____

EDUCATION:

Type of School	Name	# Years completed	Degree Received	Major	Did you graduate?
High School or GED					
College and/or Graduate					
Technical School					

PRESENT EMPLOYER (if applicable):

Company Name	Address	Duties

SCHEDULE:

Please check the days/times that would be best for you to volunteer.

This will be for placement from September through December 2010.

**Note: We'll do the best we can to match our open positions to your schedule.*

	Mon.	Tues.	Wed.	Thurs.	Fri.
Mornings (8am-12pm)					
Afternoons (12pm-4pm)					
Evenings (4pm-7pm)					

Adult Shirt size: Small Medium Large X-Large XXL

Volunteer Services Department - Volunteer Code of Ethics

1. Volunteers are asked to uphold the mission of our hospital which is that we are committed to the care and improvement of human life.
2. We treat all those we serve with compassion and kindness. We act with absolute honesty, integrity, and fairness in the way we conduct our business and the way we live our lives. We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect, and dignity.
3. Volunteers are asked to adhere to our dress code while on duty. Dress code that volunteers look professional at all times. Volunteers may NOT wear: denim, shorts, Capri pants, hats, sleeveless shirts, or sandals. No facial piercings for visible tattoos. Nails must be less than ¼” in length. Hair should be well groomed and professional in appearance.
4. Cell phones may be with you while you’re volunteering, but they must remain in silent or vibrate mode. Volunteers are asked to only accept incoming calls and make outgoing calls during breaks, not while on duty.
6. The Medical Center of Aurora is a tobacco free facility. Volunteers are expected to refrain from use of tobacco while on-site volunteering.
7. In order to avoid any perception of misrepresentation or unethical behavior, volunteers at The Medical Center of Aurora are not permitted to request or accept fees for service at that facility. Similarly, volunteers are not permitted to actively solicit business or employed positions from facility staff or clients.

Reasons for Termination: *A volunteer may be terminated for the following reasons:*

1. Inability or unwillingness to uphold Mission, Vision, & Values of the hospital.
2. Failure to protect patient privacy.
3. If volunteer does not show up for 4 weeks in a row without notifying supervisor or Volunteer Services.

VOLUNTEER PLEDGE:

As a volunteer, I promise faithful and regular service, respecting individual, cultural, economic and spiritual differences and to uphold the standards of the facility at all times.

Applicant’s Signature

Date

(Please Print)

Applicant's Full Name: _____

Any Other Name(s) You Have Worked Under: _____

Social Security Number: _____ Date of Birth: _____

1. Current Address: _____

Street Address City State Zip Code

2. Previous Address: _____

Street Address City State Zip Code

3. Previous Address: _____

Street Address City State Zip Code

Driver's License Number: _____ State: _____

Persuant to the requirements of the Fair Credit Reporting act, I acknowledge that a credit report, consumer report(2) and/or investigative consumer report(3) may be made in connection with my application for employment with prospective employer (including contract for services). I understand that these investigative background inquires may include consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that prospective employer and PreCheck, Inc. may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contact by PreCheck, Inc. to furnish the above mentioned information. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment or denial of employment. I hereby discharge, release and indemnify prospective employer, PreCheck, Inc., their agents, servants and employees and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc.

The authorization granted herein expires one year from the date hereof.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

Applicant's Signature _____ Date _____

If you are denied employment either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

(1) The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.
(2) A consumer report may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.
(3) An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.

VOLUNTEER REFERENCE AUTHORIZATION FORM
 (To be signed by volunteer applicant and completed by reference provider.)

Volunteer Applicant's Name: _____

I give my permission for the information requested to be released to Volunteer Services at The Medical Center of Aurora and Centennial Medical Plaza.

Signature

Date

This section is to be completed by a Reference Provider:

Please give this form to someone to complete and return this form within 10 days. Your responses will allow us to better assess the applicant's ability to fulfill the responsibilities involved in our volunteer services program. All information is confidential. Reference provider should be someone outside of your immediate family.

Name of Reference Provider

Phone

Street Address

City

State

Zip Code

1. How long have you know this person and in what capacity? _____

2. Following is a list of personal qualities. Please indicate your perception of the applicant on each:

1=Poor

2=Fair

3=Moderate

4=Good

5=Excellent

Category	Description	Rating				
Dependability	Follows through on accepted responsibilities.	1	2	3	4	5
Confidentiality	Keeps private or personal information about others confidential.	1	2	3	4	5
Empathy	Listens to others with acceptance and compassion.	1	2	3	4	5
Flexibility	Open to new ideas and changes in routine.	1	2	3	4	5
Cooperation	Works well with others	1	2	3	4	5
Ability To Communicate	Able to present ideas clearly, to give directions, able to comprehend and respond to others.	1	2	3	4	5

Please note that Reference Forms must be returned before an applicant can become an active volunteer. Thank you for your time. Please return this form to:

The Medical Center of Aurora
Volunteer Services
1390 S. Potomac Street, Suite 116
Aurora, CO 80012