



VOLUNTEER PROGRAM

VISION

Kahuku Medical Center is a trusted healing resource partner dedicated to excellence through quality patient-centered care

MISSION

Kahuku Medical Center will provide quality health care and promote wellness in our community in a professional, caring, culturally sensitive and financially responsible manner.

Mahalo for your interest in volunteering at Kahuku Medical Center (KMC)!

Purpose: To provide and assist KMC's mission by providing supplementary assistance to the professional staff and to provide services that are otherwise not available to the patients.

Age: An adult volunteer must be at least 18 years of age. A junior volunteer must be at least 16 years of age; persons 14 and 15 years of age will be accepted on a case-by-case basis. Volunteers under 18 years of age may work from the hours of 8:00a.m. to 5:00p.m. only. All volunteers must be able to provide their own transportation to and from the hospital.

Commitment: To ensure continuity of our program, volunteers will be expected to work four hours each week for at least month; volunteers attending school are expected to work four hours each for at least three months. Persons desiring to work for less than hours specified will be considered service project volunteers.

Interview: All potential volunteers will be interviewed by the Volunteer Coordinator. Volunteers will usually be asked for a second interview by the department requesting the services of a volunteer. Assignments are based upon position availability, the volunteer's interests, qualifications and schedule.

Orientation/Training: All volunteers will be given a basic hospital orientation prior to assisting in a department; minimally, topics will cover confidentiality, safety infection control and customer service. Additional orientation/training to assigned area will be given by the department supervisor and/or designee.

Confidentiality: Please, always remember that personal information about patients and/or their families is held in the strictest confidence. Volunteers must always refrain from inappropriate discussion on anything observed, overheard or surmised. Any patient-related information will be shared with volunteers on a need-to-know basis. Volunteers found in non-compliance will be asked to terminate their services.

Protocol: Professional behavior requires a clear understanding of your role and its limits. Keep in mind that your relationship with patients is limited to the service and support you provide through KMC during their stay. At no time does a volunteer administer direct patient care without first checking with the nurse-in-charge.



Schedule/Time Log: A schedule will be worked out with your assigned department supervisor. The volunteer is responsible for reporting to the department as scheduled and recording time in/time out, and other pertinent information. You will be expected to notify your supervisor if there is a change in schedule. The time log should be submitted to your supervisor on the 15th and 1st day of each month.

Mistakes/Accuracy/QUESTIONS?! If a mistake is made, the volunteer will report it to the department supervisor. If there is a question related to any action/deed, you are encouraged to ask for clarification and a better understanding of action/activities.

Dress Code: All employees and volunteers play an important role in meeting the public and related the services of KMC to patients, their families and visitors. Therefore, it is necessary that all volunteers present a clean and favorable appearance, representing willingness and readiness to be of service:

- Name Badge: Your name badge identifies you to the hospital staff as well as to all patients and visitors. Your name badge must be worn at all times while on duty.
- Shirts/Blouses: A hospital-logo t-shirt will be provided for your use while volunteering.

Code: (continued)

- Skirts/Pants: Dark slacks; dark skirts are also an option for girls and should be no shorter than two inches above the knees. Denim/jean-fabric pants/skirts are not allowed.
- Shoes: For safety purposes, covered-toe shoes with a rubber sole shall be worn at all times.
- Jewelry: Jewelry should be kept to a minimum. In clinical area, necklaces and/or dangling earrings should not be worn.
- Hair: Hair should be neat and clean, no excessive in style, and suitable.

Safety/Infection Control

- TB Skin Test: Each volunteer must submit a current tuberculin skin test/chest x-ray clearance before reporting to assigned area.
- Hygiene: All volunteers must practice good hygiene, including hand (washing) hygiene. Special caution should be taken with patients, especially those in isolation. For everyone's protection, volunteers should not report for duty if they are ill and/or have a contagious illness; if you become ill or injured on duty, you must report to your department supervisor. If you become hospitalized for any illness or injury and/or have a contagious illness, you must present a doctor's certificate before returning to duty.
- Accidents: Any accident, even of minor importance, must be reported at one to your supervisor.
- Clean up water or food spillage as possible; otherwise report incident to supervisor or contact the housekeeping department.
- Fire/Disaster: Be familiar with procedures for fire and other disaster and follow instructions as applicable.
- Personal Belongings: Personal belonging should be kept to a minimum; valuables should not be brought to KMC.

Mahalo!



VOLUNTEER INFORMATION

Name:		Phone, Res	
Address: <i>Residence</i>		Phone, Work	
Address: <i>(Mailing if different from residence)</i>		Phone, Cell	
E-mail address			

VOLUNTEER – WORK EXPERIENCE

Have you previously volunteered for this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and in what capacity	
Other previous volunteer experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously been employed by this organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and in what capacity	
Other previous work experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Current Employer:		Position
College/University currently attending:		Completed education

Health limitations impacting work performance, special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
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VOLUNTEER INTERESTS *(use back of application if necessary)*

How did you become interested in our volunteer program and goals for your volunteer experience?

Available Days/Time:

Day(s)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Times							

Volunteer Interest Areas:

Office/Clerical	<input checked="" type="checkbox"/>	Communication Skills	<input checked="" type="checkbox"/>	Patient Care Services	<input checked="" type="checkbox"/>	Personal Skills	<input checked="" type="checkbox"/>
Computer, Data Entry		Customer Services		Escort/Transport		Baking	
Filing, Xeroxing		Graphic Art		Feeding Patients		Crafting, Sewing	
Mailings		Foreign Language		Read to Patients		Gardening	
Typing		Public Speaking		Visiting/Listening		Music	
Other		Patient Relations		Activities		Tour Guide	
				Other			

Additional Skills/Comments:



EMERGENCY CONTACT INFORMATION

Name		Phone:	
Relationship		Home	
		Cell	
		Work	
Family Physician		Phone	

PROFESSIONAL OR PERSONAL REFERENCES *(please exclude relatives)*

Name	
Relationship	
Address	
Phone	

ACKNOWLEDGEMENT

I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or fro dismissal from placement. The organization is not obligated to provide placement, nor are you obligated to accept the position offered.

The Kahuku Medical Center is an equal employment opportunity, we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrests, and court record, sexual orientation, or other protection categories in accordance with state and federal laws.

Applicant: _____ **Date:** _____

Office Use Only

<i>Interview Date/Time</i>		<i>Start Date:</i>	
<i>Orientation Date:</i>		<i>Assigned to (Dept.)</i>	