Instructions for Volunteer Application at Piedmont Newton Hospital

1. Included in this packet for you to complete:
   - Volunteer Application
   - Volunteer Agreement
   - Confidentiality Statement
   - Education Test
   - Orientation Checklist

2. Read the Volunteer Handbook
   - Go to piedmont.org/newton
   - Under Resources on the left side of the page, select Volunteer Information
   - Scroll to the bottom of the page and open the Volunteer Handbook

3. Call the Volunteer Office at 770-788-6553 for an appointment and bring the completed packet to the appointment.

4. Some fees may apply and will be discussed during the appointment. They are associated with the following items:
   - Uniform Purchase
Date Received: _______________________

VOLUNTEER APPLICATION FORM

Name: ____________________________________________________________

                      Last    First     Middle

Address __________________________ City __________________________ Zip __________

Birthday: Month/Day_____________   Home Phone __________________________

Cell # __________________________ E-mail __________________________

Education: ____ High School   _____ College   _____ Post Graduate

Are you a current student? _____Yes _____No     Are you a Veteran? _____Yes _____No

Are you currently employed? _____Yes _____No   Are you looking for work? _____Yes _____No

Are you applying for court ordered community service? _____Yes _____No   _____Hours Required

Current or last place of employment____________________________________________________

Previous Volunteer Experience_______________________________________________________

Are there any activities or conditions you must avoid? _____Yes _____No     If yes, please

Describe: ________________________________________________________________________

Have you ever been charged or convicted of a felony or misdemeanor? _____Yes _____No

If yes, please describe. ____________________________________________________________________________________________________________

________________________________________________________________________________

Time Available:

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In Case of Emergency Contact: __________________________ Relationship_______________

Home Phone__________________________ Work /Cell Phone_______________________________
**Hobbies/Special Interests:**

What prompted you to inquire about our volunteer program?

__________________________________________________________________________________

Do you have a special area of interest in volunteering?______________________________

<table>
<thead>
<tr>
<th>I am interested in knowing more about the <strong>First Steps</strong> program designed to provide support and education for new mothers.</th>
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<td>☐ Yes  ☐ No</td>
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**Skills** (please indicate which you would be willing to share as a volunteer)

- □ Journalism
- □ Calligraphy
- □ Teaching
- □ Crocheting
- □ Crafts
- □ Computer Skills
- □ Photography
- □ Graphic Arts
- □ Knitting
- □ Sewing
- □ Music
- □ Languages
- □ Other (Describe) ____________________________________________________________________

The above information is accurate and correct to the best of my knowledge. The volunteer service department is not obligated to provide placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or gender.

Signature ____________________________ Date ____________________________
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<th></th>
<th>Date</th>
<th>First Name</th>
<th>Last Name</th>
<th>Email Address</th>
<th>Cell Phone #</th>
<th>Agree</th>
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<td>I have read and understand the Patient Rights</td>
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Volunteer Agreement
CONFIDENTIALITY STATEMENT
Volunteer Services

Personal, health and financial information is provided to Piedmont Newton Hospital by our patients and their significant others throughout the continuum of care. This information may include medical information in a patient’s chart, billing information, reports generated by computer systems, verbal information and the like.

As a volunteer of Piedmont Newton Hospital, I promise absolute confidentiality of all personal and financial information to our patients. To these ends, I agree that:

Access to confidential patient information is for the sole purpose of fulfilling my volunteer responsibilities. I understand that I may not, under any circumstances, read a patient’s chart or other documents considered to be personal and confidential.

Conversations concerning patient care are confidential and they should occur only as necessary to care for a patient. Conversations concerning patient care are not acceptable in hallways, cafeterias, stairwells, elevators, and so forth where they may be overheard. (Be conscious of open windows).

Patient information shall only be released in accordance with the Piedmont Newton Hospital policies and procedures which designates the person in the position of Marketing as the official spokesperson. As a volunteer, it is my responsibility to uphold the Patient Bill of Rights.

Computer and telephone voice mail password codes are confidential and they should never be shared.

Failure to abide by the Piedmont Newton Hospital Confidentiality Policy is grounds for immediate termination. Further legal actions may also result.

Confidentiality Statements will be signed initially and then annually (during mandatory education programs) to re-affirm my commitment to patient confidentiality and to communicate changes in the hospital policy.

By signing my name, I affirm that I fully understand and agree to abide by the Piedmont Newton Hospital Confidentiality Policy.

Volunteer’s Signature

Date

Volunteer Application, Revised January 2017
1. Your sister’s friend just had surgery at Piedmont Newton. She asks you to find out his condition. What should you do?
   - Ask a nurse about the pt’s condition
   - Log in to the medical record
   - Explain the privacy violation

2. When are you, the volunteer, free to repeat a patient’s PHI (protected health information) that you see or hear?
   - Never
   - After the patient goes home
   - If you know the patient would not mind

3. You see an open recycling bin full of paper. You can see patient names, addresses and diagnoses on the papers. What should you do?
   - Ignore it, it does not concern you
   - Tell the department supervisor
   - Try to find out who did it

4. What questions should you ask yourself before looking at patient information?
   - Do I have a need to know?
   - Would the patient mind?
   - Can anyone see me?

5. Which of the following types of information does HIPPA’s privacy rule protect?
   - Electronic information
   - Information overheard
   - Information on paper
   - All of the above

6. What should you do if a patient complains that her privacy was violated during her stay?
   - Tell her it’s not your concern
   - Tell her to prove it
   - Tell the supervisor in the department
7. I sell cosmetics and candies to earn extra money. Can I sell these items in the hospital?
□ Of course, everyone enjoys new things
□ If you get permission
□ No, Piedmont Newton policies prohibit this activity

8. A visitor approaches you on a patient floor and asks for Mr. Brown’s room number. What do you do?
□ Take the visitor to Mr. Brown’s room
□ Take the visitor to the nurse’s desk to ask the ward clerk to help the visitor
□ Tell them you don’t know where he is

INFECTION CONTROL

9. The most important precaution for preventing the spread of infection is:
□ Environmental Controls
□ Personal Hygiene Equipment
□ Hand Hygiene (Washing your hands)

10. A patient has an ISOLATION sign on the door. Before you go in you should:
□ Knock on the door before entering
□ Put on gloves, gown, mask
□ Do not enter, ask a nurse to go in for you

11. If you aren’t sure if the room is an ISOLATION ROOM, you should.
□ Just go on in, but be careful
□ Ignore your assignment
□ Ask at the nurse’s desk for clarification

12. Hand washing will be done:
□ Before and after using toilet, blowing nose, covering a sneeze
□ Before and after handling food or medications
□ When obviously soiled
□ Before, between, and after patient care
□ All of the above

13. Hands should be decontaminated with either, an alcohol based waterless hand sanitizer or washed with an antibacterial soap before and after patient contact which would include removal of gloves.
□ True □ False

14. Fingernails should be no more than ¼ inch beyond the tip of the finger with no chipped polish or jagged edges.
□ True □ False
SAFETY

15. Code Red is the announcement made for
   □ Tornado
   □ Fire
   □ Bomb Threat

16. Code Black is the announcement made for
   □ Adult arrest
   □ Outside Disaster
   □ Bomb Threat

17. Which code is called for a patient arrest?
   □ Code Blue
   □ Code Orange
   □ Code Pink

18. To whom should you report slips, trips, falls or other accidents?
   □ Emergency Department
   □ Department Supervisor
   □ Environmental Services

19. If you witness a visitor having an accident in the hospital, what should you do after the person is cared for?
   □ Return to your area of service
   □ Complete a generic incident report form
   □ Tell everybody what happened

20. RACE is the acronym for reporting a fire.
    R___________ A______________ C ____________ E ____________

21. PASS is the acronym for using a fire extinguisher.
    P______________ A______________ S ____________ S ____________

22. Code Orange is the announcement for:
   □ Chemical Spill
   □ Internal Disaster
   □ Infant Abduction
23. **Code Pink is the announcement for:**
   - ☐ Hostage Situation
   - ☐ Infant Abduction
   - ☐ Internal Disaster

24. **In the event security is needed in your location you should:**
   - ☐ Dial 911
   - ☐ Contact the Front Desk
   - ☐ Yell for help

25. **Code Green is the announcement for:**
   - ☐ Seal the building
   - ☐ External Disaster
   - ☐ Tornado Warning

26. **ABC fire extinguishers can put out:**
   - ☐ Electrical Equipment
   - ☐ Paper, Wood, Flammable Liquids
   - ☐ All of the above

27. **Code White is the announcement for:**
   - ☐ Internal Disaster
   - ☐ External Disaster
   - ☐ Fire

28. **When helping a patient into a wheelchair, the most important thing to remember is:**
   - ☐ To find out the person’s name
   - ☐ To lock the brakes
   - ☐ To ask for the patient’s diagnosis

29. **You have been asked to transport a patient by wheelchair to a patient floor. The patient has been assigned a room. You should:**
   - ☐ Take the patient to the nurse’s desk and hand the patient off to them
   - ☐ Ask the patient if they would like to visit the gift shop on the way
   - ☐ Take the patient directly to the assigned room and help them get in bed

30. **Why is the use of cellular phones prohibited in most areas of the hospital?**
   - ☐ Patient’s find them annoying
   - ☐ Can interfere with life saving equipment
   - ☐ Cell phone frequencies may cause cancer
PATIENT EXPERIENCE & CUSTOMER SERVICE
31. A patient or visitor asks directions to Radiology. What should you do?
□ Point them in the right direction
□ Tell them you don’t know the location
□ Take them there

32. When meeting someone in a hallway you should:
□ Ignore them, they may want something
□ Smile and give a greeting. Be ready to assist if asked
□ Ask them where they are going

33. Piedmont Newton Hospital is known as the hospitable hospital
□ True □ False

34. You are late to your assigned area and don’t have time to eat lunch. It’s okay to eat while on duty.
□ True □ False

35. Maintaining a clean, well-kept facility is the responsibility of:
□ The Housekeeping Staff
□ Employees
□ Volunteers
□ All of the above

36. When communicating with the hearing impaired, you should:
□ Yell really loud
□ Face the person when speaking
□ Just don’t bother to speak

BODY MECHANICS
37. Proper positioning during sitting is very important. Which will contribute to maintaining a healthy back?
□ Use a lumbar roll
□ Cross your legs at the knee
□ Sit a foot away from the desk and keyboard

38. When lifting a box from the floor you should:
□ Just bend over and pick it up
□ Check the weight before lifting and get help if needed.
□ Twist and turn to set it down
□ Hold the object away from your body
**Volunteer Orientation Checklist**

- [ ] I wish to provide volunteer services for Piedmont Newton Hospital.
- [ ] I understand my volunteer service is donated without contemplation of future employment, and given with humanitarian or charitable reasons.
- [ ] I understand that as a volunteer, I am not covered by any state or federal wage and hour laws, nor am I eligible for worker’s compensation, unemployment insurance benefits, or any other benefit available to employees.
- [ ] I understand that my religious or political beliefs may not be imposed or discussed while on duty at Piedmont Newton Hospital.
- [ ] I agree to not engage in any inappropriate conversations or behavior related to age, race, sex, gender, color, creed, disability (including HIV positive), or national origin.
- [ ] I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute petitions on hospital premises, unless I have the express permission of the Director of Volunteer Services.
- [ ] I understand that Piedmont Newton Hospital offers medical services for treatment of illnesses to patients and I assume a risk that I might be inadvertently exposed to such diseases.
- [ ] I release, discharge and relieve Piedmont Newton Hospital from any and all claims whatsoever of any nature arising as a result of my volunteer services and all related activities.
- [ ] I understand and agree that I will comply with all rules and standards of conduct which apply to hospital employees and independent contractors.
- [ ] I shall be punctual and conscientious, conduct myself with dignity courtesy and consideration of others, and endeavor to make my volunteer service professional in quality.
- [ ] I agree to attempt to resolve any problems related to my volunteer service with my placement’s supervisor, and if unsuccessful, I will attempt to resolve any such problems with the Director of Volunteer Services.
- [ ] I understand the Director of Volunteer Services reserves the right to terminate my volunteer status for any reason including if I fail to follow policies, rules and regulations; if I am absent without prior notice; if I have unsatisfactory behavior or appearance; or any circumstances that would make my continued services contrary to the best interests of the hospital. I also understand that the Director’s decision is final.
- [ ] I understand and agree that my services are provided voluntarily and freely without expectation of compensation of any kind and that my agreement to serve as a volunteer does not create an employment agreement or an agreement (except to abide by these rules governing a volunteer’s conduct) of any other sort between myself and Piedmont Newton Hospital.

- [ ] I HAVE READ, I UNDERSTAND, AND I AGREE

NAME________________________________   DATE__________________